

Par.1. Material Transmitted and Purpose – Transmitted with this Manual Letter are changes to Service Chapter 400-28 – Child Care Assistance Program (CCAP). This manual letter incorporates new policy and clarifications, spelling corrections and minor wording changes. Changes and clarification in policy have been underlined. Deletions are identified by strikethroughs.

Par. 2. Effective Date – Changes and clarifications in policy identified in this Manual Letter are effective October 1, 2012. Changes in the certificate process are effective October 1, 2012 for all certificates with an effective date of October 1, 2012 or later.

This manual letter incorporates IM 5144.

400-28-05

Definition of Diversion has been changed.

Definitions 400-28-05

Diversion – A program available for families as a means to provide short-term emergency benefits and services to families during a 'specific crisis or episode of need' for up to 4 months to households who would otherwise qualify for TANF.

400-28-20-10

Added clarification if a certificate exists for a prior month, a new eligibility determination is not made for the prior month based on the new application. Added clarification that if the prior month was previously denied and a certificate did not exist, eligibility for the prior month can be established.

Date of Application and Benefit Start Date 400-28-20-10

The date of the application is the date the signed application is received in the county social service office. An application can be submitted to the county social service office in person, by mail, by fax or electronically.

The county social service office must document the date an application is filed by recording the date the application was received on the application.

The application must be signed to be considered an application. The application is considered signed if the signature is found anywhere on the application, other than in answer to a question contained therein.

If an unsigned application is received and has been date stamped by the county social service office, the unsigned application must be returned to the applicant. If the same application, now signed by the applicant, is returned to the county social service office, that office shall date stamp the application with the date the signed application is received. Document in the case file the correct application received date.

Regardless of the means of submittal (in person, by fax, by mail or via electronically filing), an application received after business hours is considered received on the next business day.

The benefit start date will be the first day of the month the **signed** application is considered received in the county social service office or the earliest date of eligibility.

An individual applying for the Child Care Assistance Program (CCAP) may request assistance for the month prior to the month the application is received by so indicating on the application. Eligibility can be extended to the prior month if the applicant requesting such assistance meets all other CCAP eligibility requirements for the prior month.

If an application is received with a request for a prior month and eligibility for the prior month had been previously established (certificate exists for the month), a new eligibility determination **is not** made for the prior month based on the new application. The previous determination remains valid.

If the prior month was previously denied and a certificate did not exist, eligibility for the prior month can be established.

If a caretaker did not request the prior month at the time of application, but later discovers a need, the applicant can request and provide all information for the prior month no later than the last day of the 5th month following the month of application as payment is contingent upon CCAP billing forms being submitted within 6 months following the month care was provided.

Example: A caretaker submits an application for CCAP in August, and in November the caretaker informs the eligibility worker of the need for assistance with July child care. The caretaker must submit all information to process the payment by January 31st.

All such requests must be made in writing, with eligibility established based on the information that existed in that month. The eligibility worker must notify the family of the eligibility decision.

400-28-20-15

Added allowable expense deductions are used for the prior month when a TANF, Diversion or Crossroads recipient requests CCAP for the prior month and is subject to Co-Pay. Added clarification to existing policy on processing a prior month when a TANF, Diversion or Crossroads application is pending.

Timeliness Standards for Processing Applications

400-28-20-15

The processing timeframe for an application starts from the date the signed application is received in the county social service office. If the application month is denied or withdrawn and benefits for the following month are requested, the processing timeframe starts effective the first of the following month.

The Child Care Assistance Program (CCAP) does not require a face-to-face interview in order to determine eligibility.

A child care billing report form is not required to process an application.

A decision to either approve or deny an application must be made no later than 15 days following the day the signed and dated application is received in the county social service office unless extenuating circumstances exist. The first calendar day following receipt of the signed application is day 1 of the 15 day processing timeframe.

If additional time is allowed due to an extenuating circumstance, the action must be taken no later than 30 days following the date of application.

Formal action (either approval or denial) must be taken on each month assistance is requested. If an application is not acted upon within the 15-day time frame due to extenuating circumstances, the case file must contain documentation identifying the extenuating circumstances that caused the delay.

If all the information needed to determine eligibility is not provided with the application, the application must be pended and a notice sent informing the applicant of the documents required. The 'pend' notice must clearly identify the information needed for the application month as well as any prior month(s) being requested.

The applicant has 10 days from the print date of the pending notice to provide the required information/verifications. When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.

An application that is pending for additional information cannot be denied prior to the 15th day following the date of filing or the end of the 10th day from the print date of the pending notice, whichever is later. However, if it is determined the applicant is not eligible, the application can be denied at any time prior to the 15th day.

If the applicant does not provide the information requested in the pending notice for **any** of the months requested, each month that was requested must be denied.

If the applicant provides information for one month but not the other month(s), the month that the information was provided for can be processed and the other month(s) must be denied.

- If the applicant who requested but is not eligible for child care for the prior month is eligible for the month of application, the prior month is denied and the application is approved, effective the first of the application month.
- If the applicant who requested child care for the prior month is eligible for the prior month but not for the month of application, the prior month is approved, effective the first day of the prior month and the

case is closed as of the last day of the prior month. The same application would be processed for the application month and denied.

- If the applicant who requested child care for the final two months of TANF is not eligible for the first month but is eligible for the second month, the application is denied for the first month and approved for the second month.
- If the applicant who requested child care for the final two months of TANF is eligible for the first month but not the second month, the application is approved for the first month and closed at the end of the first month. The same application would be use to process the denial for the second month.

Depending on the month of application, additional months may need to be processed using the same application.

If an application is filed with no address, the eligibility worker should review the contact information found on the mailing envelope, in a phone book, on a Motor Vehicle query, or using any other available resources for address information.

The application must be pended and if no mailing/residence address can be located, 'General Delivery' must be used for the mailing address and applicable notice(s) sent.

If the notices are returned for insufficient address:

- If the application has not been approved, it should be denied due to loss of contact and documented in the case file.
- If the application has been approved, the case can be closed for loss of contact and documented in the case file.

If an individual applies for CCAP and TANF, Diversion, or Crossroads at the same time, the application for CCAP must be pended until TANF, Diversion, or Crossroads eligibility is known.

If an individual applies for CCAP and TANF, Diversion, or Crossroads at the same time, requests CCAP for the prior month, ~~and~~ all information needed to process the prior month has been submitted and the application month is pending, the prior month can be processed. In these situations if the prior

month is processed as Co-pay use actual income and allowable expense deductions and a one month certificate is issued. If the prior month is processed or as Waived Co-pay (TANF, Diversion or Crossroads) the prior month is processed without regard to income or allowable expense deductions if TANF, Diversion, or Crossroads in the prior month with and a one month certificate is issued. In both situations, Co-pay or Waived Co-pay, the case must be closed as of the last day of the prior month. The application month would then be pended until TANF, Diversion, or Crossroads eligibility is known.

Example: An individual applies for TANF and CCAP in June. The individual requests child care for the prior month of May. The information needed to determine May's eligibility has been provided and the case has been determined to be Co-pay for May.

The prior month of May is processed as Co-pay issuing a one month certificate. The case must then be closed the end of May. The CCAP application for June is pended until TANF eligibility is determined.

An application may be withdrawn at any time prior to a decision being rendered. The request to withdraw the application can be made in writing or verbally by the applicant.

An application must be denied when:

- The Co-pay exceeds the lower of the State Rate or amount billed for all child(ren) whom assistance is being requested.
- The only child or all children for whom child care is being requested, are determined not to have a need.

400-28-20-25

Added clarification to #4 a new application is not required if the recipient provides all requested information prior to the closure effective date and remains eligible.

New Application Not Required 400-28-20-25

A new application **is not required** in the following circumstances:

1. To approve a case denied in error or reopen a case when it has been closed due to agency error
2. If a case closes for no review, a review form may be used in the month following the month of case closure
3. If the applicant is not eligible in the month of application, the application must be denied. The same application can be used to determine eligibility for the month following the month of denial. In this situation, the application month becomes the month following the month of denial and the application received date is the first day of the month following the month of denial. The application cannot be used for more than two months **except** when eligibility needs to be determined in the prior month.

Example: An individual applies for the Child Care Assistance Program in April and request child care for the prior month of March. The individual is eligible for March but not eligible for April.

- The application is approved for March and closed March 31 because the individual is not eligible for April.
 - The application must be denied for April.
 - If eligible for May, the same application can be used.
4. When a case closes for failure to provide information, a new application is not needed to reopen the case (revert to open) when the recipient provides **ALL** requested information prior to the closure effective date **and remains eligible**. If the closure date is a weekend or holiday, the recipient must provide the information by the close of business on the last working day of the month in which the case will close.

400-28-20-35

The first paragraph is now the third paragraph. The note from the last paragraph has been moved to the first paragraph. Added clarification to policy that all hours of needed child care must be taken into consideration for the month need is being established. Added policy if all other factors of eligibility are met, a child remains on the certificate.

Establishing Need 400-28-20-35

~~At time of application, if need has been determined for a child for the prior month only, the child can be added to the 1-month certificate, but would not be added to the 6-month certificate.~~

For a new application or in an ongoing case, in order for a child to be included on a certificate, the child must have a child care need for the current month or the month following the current month while the caretaker(s) is participating in an allowable activity. All hours the child needs child care in the month need is being established must be taken into consideration (which includes hours needed for days off from school, weekends, after school, etc.). If a child does not have a child care need for the current month or the month following the current month, the child cannot be included on the certificate.

Note: Need must be established prior to adding the additional hours for a school age child. Refer to 400-28-85-10-10, School Age Child for policy addressing additional hours for a school age child.

At time of application, if need has been determined for a child for the prior month only, the child can be included in the 1-month certificate, but would not be included in the 6-month certificate.

If child care is requested for the prior month, actual hours the child needed child care while their caretaker(s) was in an allowable activity in the prior month must be used.

Once need is established for a child and the child is included on the 6 month certificate, the child will remain on the certificate for the remainder of the certificate period as long as all other eligibility criteria is met.

~~**Note:** Need must be established prior to adding the additional hours for school age child.~~

400-28-25-05

Policy clarification has been added to processing time frames for reviews. Third to last paragraph first bullet removed policy 'regarding household composition and the need for child care' and added policy needed to establish continued eligibility. Third to last paragraph added the word 'no' before forwarding address as the policy relates to when there is no forwarding address. Changed policy to if there is a forwarding address, the mail is forwarded to the forwarding address.

Six (6) Month Review 400-28-25-05

A review must be completed every 6 months. The 6 month review is due in the last month of the certificate period. A review can be submitted to the county social service office in person, by mail, by fax or electronically.

~~CCAP does not require a face to face interview in order to determine eligibility.~~

An SFN 841, "Child Care Assistance Program Review" form is automatically sent to the caretaker in the month prior to the last month the certificate is valid. The caretaker must submit the completed and signed SFN 841, "Child Care Assistance Program Review" review form in order for eligibility to be continued. ~~The review form is considered signed if the signature is found anywhere on the review form, other than in answer to a question.~~

A completed, and signed and dated review SFN 841, "Child Care Assistance Program Review" is due in the county social service office by the 10th day of the final month covered by the current certificate review month. If the a completed and signed review form is not received by the 15th day of the review month, a closing notice must be sent informing the caretaker that failure to submit a completed and signed review form by the last day of that

the review month will result in case closure at the end of the month the review was due.

If an unsigned review is received and has been date stamped by the county social service office, the unsigned review must be returned to the caretaker. If the same review, now signed by the caretaker, is returned to the county social service office, that office shall date stamp the review with the date the unsigned review is received. Document in the case file the correct review received date.

A completed and signed review is due in the county social service office by the 10th day of the review month. If a completed and signed review form is not received by the 15th day of the review month, a closing notice must be sent informing the caretaker that failure to submit a review form by the last day of the review month will result in case closure.

CCAP does not require a face-to-face interview in order to determine eligibility.

The review is considered received as of the date a signed review is received in the county social service office. The county social service office must document the date a review is filed by recording the date received on the review form.

The review is considered signed if the signature is found anywhere on the review form, other than in answer to a question.

If an unsigned review is received and has been date stamped by the county social service office, the unsigned review must be returned to the caretaker. If the same review, now signed by the caretaker, is returned to the county social service office, that office shall date stamp the review with the date

the signed review is received. Document in the case file the correct review received date.

~~A completed, signed and dated SFN 841, "Child Care Assistance Program Review" is due in the county social service office by the 10th day of the final month covered by the current certificate. If the review form is not received by the 15th, a closing notice must be sent informing the caretaker that failure to submit a completed and signed form by the last day of that month will result in case closure at the end of the month the review was due.~~

A decision to approve a review or to close the case must be completed within 30 days following the date the review is received in the county social service office unless extenuating circumstances exist. ~~The caretaker has 30 days following the date the review is submitted to provide all verifications unless extenuating circumstances exist. The first calendar day following receipt of the review is day 1 of the 30 day processing timeframe.~~

A review cannot be denied prior to the 30th day following the date the review was received, if pended for verifications. Unless extenuating circumstances exist, all verifications must be received and case processed within the 30 days from the date of receipt of review.

If additional time is allowed beyond the 30 day period due to extenuating circumstances, an additional 15 days can be allowed. Therefore, When extenuating circumstances are allowed, action must be taken no later than 45 days following the date the review form is was received. ~~Document in the case file the cause(s) of any delay. The extenuating circumstances must be clearly documented in the case file.~~

If a ~~Child Care Assistance Program (CCAP)~~ case is closed for failure to submit a completed review, because a review has not been submitted and completed by the end of the month the review was due, the case remains

closed as of the last day of the month in which a the review is due, if:

- The 30th day from receipt of the review extends into a future month and the family fails to provide the required information by the 30th day or 45th day if extenuating circumstances have been allowed; or
- The family is determined ineligible at any time during the month the review is due and through the 30th day or 45th day if extenuating circumstances have been allowed.

~~If the signed and dated SFN 841, "Child Care Assistance Program Review" is received prior to the last day of the month the review was due and verification of information is needed, a Closure Notice must be sent. The notice must include:~~

- ~~• The specific information and verifications that are needed,~~
- ~~• The information and verifications must be provided within 10 days; and~~
- ~~• Failure to provide the information and needed verifications within 10 days will result in case closure at the end of the month the review was due, even if the 10th day extends into a future month.~~

If a review is received by the last day of the month the review was due and additional information is needed, a closing notice must be sent. This notice must advise:

- The required verifications and information needed allowing the caretaker 10 days to provide the information
- The date by which the review process must be completed (this date is the 30th day from receipt of the signed review)
- The date the case will be closed if the review process is not completed (this is the last day of month the review was due in)

***Example:** A review form is received on April 3 and additional information is needed. On April 7, a closing notice is sent asking for required verifications, allowing the caretaker 10 days to provide the required information. The household must be informed the case will be closed effective April 30th if the information is not provided.

- If all the required verifications **are** provided by May 3 and the household remains eligible, a new certificate is issued.

- If all the required verifications **are not** provided by May 3 or all required verifications are provided and the household **does not** remain eligible, the case remains closed as of April 30.

NOTE: April 4th is day 1 of the 30 day period.

When a caretaker is sent a closing notice that includes a request for additional information, ~~the~~ the caretaker must be allowed at least 10 days from the date of the notice to provide necessary verifications. the additional information, even if the 10 days takes them past the 30th day from when the review was submitted or past the 45th day when extenuating circumstance have been allowed.

When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.

Example: A closing notice for non-receipt of review is sent on June 15. A review form is received on June 26. On June 28 a closing notice is sent asking for required verifications, allowing the caretaker 10 days to provide the required information. The case closes June 30 as eligibility for July cannot be determined.

- If all the required verifications **are** provided by July 26 and the household remains eligible, a new certificate is issued.
- If all the required verifications **are not** provided by July 26 or all required verifications are provided and the household **does not** remain eligible, the case remains closed as of June 30.

NOTE: June 27 is day 1 of the 30 day period.

When a caretaker is sent a closing notice which allows the household 10 days to provide required verifications and this takes the household past the 30th day from date of receipt of the review form and into the following month:

- If the caretaker **does provide** the required information within the 10 days, if the case remains eligible, the case must be reverted to open and the review processed. If the case is ineligible, the case remains closed.
- If the caretaker **does not provide** the required information within the 10 days, the case remains closed and a new application is needed.

Example: A completed and signed review form is received on July 3 at the county office. Additional verifications are required. A closing notice is sent on July 6 asking for the requested verifications, allowing the caretaker 10 days to provide the requested information, and advising the case will close July 31st if verifications are not provided by August 2nd. On July 28th, the caretaker provides the requested information, but also provides additional information, requiring further clarification. On July 28th, a closing notice is again sent to the caretaker requesting additional information, allowing the caretaker 10 days (August 7) to provide the requested information advising the case will close July 31 if the verification are not provided.

- If the caretaker does provide the requested verification within the 10 days, if the case remains eligible, the case is reverted to open and the review processed. If the case is ineligible, the case remains closed as of July 31st.
- If the caretaker does not provide the required information within the 10 days, the case remains closed and a new application is required.

~~At the time of review,~~ If the review form is returned, the eligibility worker should review the returned mail to determine if there is a forwarding address.

- If there is a forwarding address, mail the review form to the new address. ~~and send the household a closing notice requesting additional information regarding household composition and the need for child care.~~
- If there is no forwarding address, send the household a closing notice to the last known address informing the household their case will be closed due to loss of contact.

Regardless of the action, the eligibility worker must document the actions taken in the case file narrative.

Adequate or advance notice is not required for any action taken on a review. However, a notice must be sent.

400-28-30

Clarification has been added to policy that a child is considered under age 13 or 19 through the month of the child's 13th or 19th birthday. Added clarification to policy if requested information for a child is provided at a later date, the child is added the month the requested verifications are received and all other eligibility criteria are met.

Eligible Children 400-28-30

An eligible child in the family or household is a child who needs child care and who:

1. Is under age 13
2. Is at least age 13, but under age 19, and who is physically or mentally incapable of caring for themselves as verified in writing by a physician or a licensed /certified psychologist
3. Is at least age 13, but under age 19, and is in need of supervised care as specified in a court order

A child ~~will be~~ is considered "under age 13 or 19" through the month of the child's 13th or 19th birthday.

Foster care children are not eligible for the Child Care Assistance Program (CCAP) as the Foster Care program provides for this service.

All eligibility information must be provided for each child for whom CCAP benefits are being requested. Any child for whom all information is not provided is not eligible for CCAP. However, that child is included in the household size and their income is considered. If at a later date needed verification is provided for the child, the child's eligibility for CCAP begins the month the verifications are received and all other eligibility criteria is met.

400-28-35-05

Clarified a child is considered under age 19 through the month of their 19th birthday. Added policy that a child under the Subsidized Guardianship Program are included in the Child Care Assistance Unit. Added clarification to policy that a minor parent is excluded as an individual in their parents' household when their parents apply for the Child Care Assistance Program. Added clarification to policy for when individuals enter and/or leave the household.

Child Care Assistance Unit 400-28-35-05

The household must include the child(ren) for whom assistance is being requested and the following individuals residing in the home:

- The natural, adoptive or stepparent(s)
- All siblings, (including half and step-siblings) who are under age 19
- All natural or adoptive children of the caretaker and caretaker's spouse who are under the age 19.

Note: The Child Care Assistance Program (CCAP), considers a child under the age of 19 through the month of the child's 19th birthday.

- Child under the Subsidized Guardianship Program

When two unmarried adults reside together, in order for a child to be considered a child in common, paternity of the child in common must be verbally acknowledged or legally adjudicated, or the parents must have signed a voluntary acknowledgement of paternity:

- If child care is being requested for a child in common of unmarried parents', both parents and the children of both parents must be included in the unit.
- If child care is NOT being requested for a child in common of unmarried parents', the child in common must be included in the unit(s) of siblings who child care is being requested.

Example #1: Unmarried non-TANF household includes mom, her child, Dad, his child and a child in common. Mom is requesting child care for her child and Dad is requesting child care for his child. Child care is not being requested for the child in common. Since assistance is not being requested for the child in common, Mom and Dad must each complete an application for the Child Care Assistance Program **CCAP**. The child in common would be included as a household member in both Mom and Dad's household. Both Mom and Dad would have a 3 person household.

Example #2: Unmarried non-TANF household that includes Mom, her child, Dad, and Mom and Dad's child in common. Mom is requesting child care for her child. Child care is not being requested for the child in common. Mom must complete an application for ~~the Child Care Assistance Program~~ **CCAP**. Mom would have a have a 3 person household which includes herself, her child and the child in common.

See Section 400-28-45-25, Unmarried TANF Households – Child in Common for an exception for TANF Households.

If the child(ren) for whom assistance is being requested resides with a loco parentis, the household must include the following individuals residing in the home:

- The sibling(s) (including half and step-siblings) of the child for whom assistance is being requested
- The loco parentis and spouse of the loco parentis
- The loco parentis' and spouse's children under age 19

A minor parent who needs child care for their child(ren) and who is residing in his/her parents' home is considered a separate household and must apply on their own behalf.

- If the minor parent is ~~determined eligible for~~ in receipt of TANF, the case is considered TANF for ~~the Child Care Assistance Program (CCAP).~~
- If the minor parent is ~~determined eligible for~~ in receipt of Crossroads, the case is considered Crossroads for CCAP.
- If the minor parent is in receipt of Diversion, the case is considered Diversion for CCAP.
- All other minor parents are subject to Co-pay, ~~unless the minor parent is in receipt of TANF, or Crossroads.~~

If a minor parent is residing with their parent(s) and the parent(s) have a child(ren) for whom child care is requested, the minor parent and the minor parent's child(ren) are not considered members of their parents' case.

The following individuals are excluded from the household count:

- Children 19 years of age or older (~~a child is considered 19 years of age through the month of the child's birthday,~~ under the age of 19 through the month of the child's 19th birthday)
- Any child for whom the household receives Foster Care payments
- An individual in the household who is not the caretaker or sibling of the child and not acting as loco parentis
- Parent(s) and other family members of a minor parent when the minor parent is requesting CCAP assistance

- Minor parents and their child(ren) if the parent(s) of the minor child are requesting CCAP
- A child under 19 years of age ~~who does not have a child care need and~~ who resides away from home may come home on weekends or vacations breaks. The child is not counted as part of the household if their visit is less than a full calendar month.

Note: A child under age 19 who has a child care need can be included in the household of the caretaker with whom the child care costs were incurred (refer to 400-28-35-25, Parents Not Residing Together).

- An individual disqualified because of a Child Care Assistance Program Intentional Program Violation

Note: The income and expenses of an individual who has an Intentional Program Violation continues to be considered.

Persons Entering the Home

- New Applications:
 - Individuals required to be included in the child care assistance unit who enter the home in the month prior to the application month must be included in the prior month determination.
 - ~~When an individual~~ Individuals required to be included in the child care assistance unit who enters the home prior to an application being approved, ~~if required, the individual must be included in the child care assistance unit~~ must be included in the application month determination.
- Ongoing Cases:
 - When an individual enters the home and child care is not needed for the individual for the month of entry, the individual is not included in the child care assistance unit if their addition results

in a decreased benefit or ineligibility for the month of entry. If required, the individual must be included in the child care assistance unit the month following the month of entry.

- When an individual enters the home and child care is needed for the individual, the individual is must be added to the case for the month of entry regardless of the effect on the benefit, based on whether or not the information was timely reported and verified.

Persons Leaving the Home

- New Applications:
 - Individuals who are required to be included in the child care assistance unit leave the household in the month prior to the application month are included in the prior month determination but are not included in the application month determination.
 - Individuals who are required to be included in the child care assistance unit leave the home in the month of application prior to the application being approved or denied are not included in the child care assistance unit, unless the individual who left is a child and the child had a need for child care.
- Ongoing Cases:
 - Once a case is approved, individuals who leave the home are included in the child care assistance unit through the month in which they left. Effective the month following the month the individual left, the individual must be removed from the unit.

400-28-35-10

Added clarification to policy when costs can be paid in a month a caretaker is temporarily out of the home. Changed the word 'illness' to 'condition'. Added policy clarification in the last sentence when the caretaker and member of the Child Care Assistance unit with the medical condition are

back in the home, the child care case must be closed, unless otherwise eligible.

Caretaker Temporarily Out of Home 400-28-35-10

A household with one caretaker who is living apart from the children either in state or out of state, due to allowable employment, allowable education or training, or uniformed service may be eligible for the Child Care Assistance Program (CCAP) in the month they leave. Child care incurred until the time they leave can be covered and the case is closed at the end of the month they leave ~~through the month in which they leave.~~

~~The case must be closed and the new caretaker(s) with whom the child(ren) reside must apply.~~ If the new caretaker applies and incurs child care costs in the month the first caretaker's case was closed, child care for the new caretaker can be paid starting from the date the child(ren) reside with the second caretaker and incur child care costs.

Should the first caretaker return home and the children reside with that caretaker, the case for the second caretaker must be closed at the end of that month. The child care costs for the second caretaker would be paid only through the date the children were residing in that home . ~~and t~~The first caretaker must reapply and child care costs for the first caretaker could be paid starting from the date the children were residing in that home.

A household with two caretakers where one of the caretaker's is temporarily living apart from the other caretaker and child(ren), either in state or out of state, due to allowable employment, allowable education or training, or uniformed service, is not considered absent from the home as long as he or she continues to function as a caretaker; even if the level of support or care is reduced. Child care costs can be paid while the remaining caretaker is participating in an allowable activity. ~~The~~Both caretakers ~~is~~ are counted as a household members and all gross countable income and allowable expenses are used to determine CCAP income eligibility.

In families with two caretakers, CCAP may pay for child care costs of a caretaker participating in an allowable activity for the children remaining in the home, when the other caretaker is temporarily out of the home due to a state approved medical illness condition of a member of the Child Care Assistance unit.

The family must obtain verification from a medical provider supporting the medical ~~illness~~ condition of the member of the Child Care Assistance unit, and provide the information to the eligibility worker. The information must be forwarded to the CCAP State Determination Team for a decision.

The CCAP State Determination Team will render a decision and notify the eligibility worker if the request has been approved or denied. If approved, the CCAP State Determination Team will determine the length of the approval.

When the caretaker and ~~child~~ member of the Child Care Assistance unit with the medical condition are back in the home, the child care case must be closed, unless otherwise eligible.

400-28-35-25

Clarification has been added to policy that the Department is not a party or subject to any arrangements or terms between parents.

Parents Not Residing Together 400-28-35-25

When parents who are not residing together have a child and both parents incur child care while participating in an allowable activity, each parent may apply for child care on their own behalf for the related costs incurred during the period in which the child(ren) is with that parent.

The Child Care Assistance Program (CCAP) is neither a party of nor subject to any arrangements or any terms between parents. See section 400-28-115-10, Caretaker and Provider Contract for Services for information regarding contracts between parents and providers.

The hours billed should include only the hours the parent needed child care while participating in their allowable activity during a period of time the child was residing with them.

400-28-40-10-20

Policy has been removed that certificates must be updated in the month following the case closure of Crossroads.

Crossroads Case Closure and Continued Child Care Assistance Program 400-28-40-10-20

If a Crossroads case closes and there **is a known** allowable activity, the certificate must be updated ~~in the month following the case closure for Crossroads.~~ Effective the month following the month of Crossroads case closure the case becomes to Co-pay or Waived Co-pay, whichever applies.

If a Crossroads case closes and there **is not a known** allowable activity which continues, a closing notice must be sent to close the Child Care Assistance Program case at the end of the month equal to the Crossroads closure.

400-28-45-25

A punctuation correction has been made. Clarification of policy added relating to unmarried parents who have a child(ren) in common and one of the parents has a child(ren) from previous relationship.

Unmarried TANF Households - Children in Common 400-28-45-25

When two unmarried adults reside together, in order for a child to be considered a child in common, paternity of the child in common must be verbally acknowledged, legally adjudicated, or the parents must have signed a voluntary acknowledgement of paternity.

When a household consists of two unmarried adults who each have a child(ren) and a child in common, and BOTH caretakers are eligible for TANF:

- If child care is being requested for the child in common, only one case is established and both parents, the children of both parents and the child in common must be included in the child care assistance unit.
- If child care is NOT being requested for the child in common, two cases must be established and the child in common must be included in each case

Example: Household includes Mom, her child, Dad, his child and a child in common. Mom is requesting child care for her child and Dad is requesting child care for his child. Child care is NOT being requested for the child in common. Since assistance is not being requested for the child in common, Mom and Dad must each complete an application for the Child Care Assistance Program (CCAP). The child in common would be included as a member of the child care assistance unit in both Mom and Dad's household. Both Mom and Dad would have a 3 person household.

When a household consists of two unmarried adults in which one parent has a child(ren), the other parent does not have a child, the parents have a child(ren) in common and BOTH parents are eligible for TANF:

- If child care is requested for the child(ren) in common, one case is established and must include the child(ren) in common, both unmarried adults and any of the unmarried adults' child(ren) required to be in the child care assistance unit.
- If child care is not requested for the child(ren) in common, the parent who needs child care must complete an application for the CCAP and that parent's child care assistance unit would include their own child(ren) and the child(ren) in common.

When a household consists of two unmarried adults who each have a child(ren) and a child in common and ONLY one caretaker is eligible for TANF, two separate cases must be established.

- If child care is being requested for the child in common, the child in common is included in the TANF caretaker's child care assistance unit and child care for the child in common is determined in the TANF caretaker's case.
- If the non-TANF caretaker requests child care, the child in common is included in the child care assistance unit of the non-TANF caretaker. However, the child care for the child in common is paid in the TANF caretaker's case.

Example: Household includes mom, her child, Dad, his child and a child in common. Mom is requesting TANF and child care

for her child and Dad is requesting child care only for his child. Mom and Dad must each complete an application for ~~the Child Care Assistance Program~~ CCAP. The child in common would be included as a household member in both Mom and Dad's household. Both Mom and Dad would have a 3 person household.

Note: If child care is being requested for the child in common, the child in common's child care would be determined in Mom's case as she is TANF eligible.

400-28-45-45-25

Policy has been removed that certificates must be updated in the month following the month of case closure of TANF or Diversion. Punctuation correct has been made.

TANF or Diversion Case Closure and Continued Child Care Assistance Program 400-28-45-45-25

If a TANF or Diversion case closes and there **is a known** allowable activity, the certificate must be updated in the month following the case closure for ~~TANF or Diversion~~. Effective the month following the month of TANF or Diversion case closure, ~~the~~ The case becomes Co-pay or Waived Co-pay, whichever applies.

If a TANF or Diversion case closes and there **is not a known** allowable activity which continues, a closing notice must be sent to close the Child Care Assistance Program case at the end of the month equal to the TANF Cclosure.

If a TANF monthly report is not completed and returned by the 15th of the month for a TANF or Diversion case, a Closure Notice must be sent to the household requesting information as to whether they continue to have a need and participate in an approved activity.

- If the family provides the completed TANF Monthly Report by the last day of the month and the TANF benefit for the future month is determined, the Child Care Assistance Program (CCAP) case will not be closed, or if closed the case can be "reverted to open."

- If the family does not provide the TANF Monthly Report but contacts the Eligibility Worker:
 - If the individual no longer has child care needs or will not be participating in an approved activity for the future month, the CCAP case remains closed effective the last day of the current month.
 - If the individual has a child care need and is participating in an allowable activity, the household must provide the information to update the certificate by the last day of the month.
 - If the individual provides the information to update the certificate by the last day of the month, ~~hold the information and~~ update the certificate in effective the month following the month of TANF closure.
 - If the individual does not provide the information to update the certificate by the last day of the month, the CCAP case will close the last day of the month.

400-28-50-20

Added clarification to policy if at a later date verification of birth is received for a child, the child is added to the certificate the month verification of age is received and all other eligibility criteria are met.

Age Verification for the Child for Whom Assistance is Being Requested 400-28-50-20

Children for whom Child Care Assistance Program (CCAP) benefits are being requested must verify their age. If age for a child is requested and is not verified, that child is not eligible for CCAP. If at a later date verification of age is provided for the child, the child's eligibility for CCAP begins the month the verification of age is received and all other eligibility criteria is met.

The caretaker is not subject to the age requirement. A child included in the CCAP case as a household member for whom assistance is not being requested does not need to verify their age. However, if at a later date, CCAP is requested for that child, verification of age must be provided before eligibility for the child can be determined.

400-28-50-20-05

The note from under the last bullet has been moved to the first bullet.

Documentation/Verification of Age 400-28-50-20-05

Below is a partial list of documents or records available that may be used to verify an individual's age:

- Birth Certificate:
 - Certified copy or electronic interface from Vital Records
 - Uncertified copy of the 'Certificate of Live Birth' (yellow copy) 'Souvenir'
 - Copy if signed by both the attending physician and president/administrator of the hospital.

Note: Due to a change in law effective July 1, 2010, all Puerto Rican birth certificates issued prior to July 1, 2010, are invalid. Only birth certificates from Puerto Rico that are issued (or reissued) on or after July 1, 2010, are acceptable.

- Baptismal certificate or church record
- Confirmation papers
- Adoption record
- Passport
- Driver's license
- Hospital records
- School records
- Immigration or Naturalization Record
- Alien Registration Card

~~**Note:** Due to a change in law effective July 1, 2010, all Puerto Rican birth certificates issued prior to July 1, 2010, are invalid. Only birth certificates from Puerto Rico that are issued (or reissued) on or after July 1, 2010, are acceptable.~~

Ultimately, responsibility to provide necessary verifications lies with the caretaker.

400-28-50-25

Added clarification to policy if at a later date verification of citizenship is received for a child, the child is added to the certificate the month verification of citizenship is received and all other eligibility criteria are met. The last sentence in the first paragraph has been moved and is the second sentence in the first paragraph.

Citizenship Verification for a Child for Whom Assistance is Being Requested 400-28-50-25

Children for whom Child Care Assistance Program (CCAP) benefits are being requested must verify their citizenship. To be eligible for CCAP, a child must either be a United States citizen or an alien lawfully admitted for permanent residence. If citizenship for a child is requested and is not verified, that child is not eligible for CCAP. If at a later date verification of citizenship is provided for the child, the child's eligibility for CCAP begins the month the verification of citizenship is received and all other eligibility criteria is met.

~~To be eligible for CCAP, a child must either be a United States citizen or an alien lawfully admitted for permanent residence.~~

The caretaker is not subject to the citizenship requirement. A child included in the CCAP case as a household member for whom assistance **is not** being requested does not need to verify their citizenship. However, if at a later date, CCAP is requested for that child, verification of citizenship must be provided before eligibility for the child can be determined.

400-28-50-25-05

Format correction to remove 3rd bullet under Refugee as should have been

removed from policy (currently has a line through in the current manual).

Documentation/Verification of Citizenship 400-28-50-25-05

The following documents or records may be available to prove the citizenship status claimed.

Note: Verification of the entry status for non-citizens may be accessed via the Systematic Alien Verification for Entitlement (SAVE).

1. US Citizenship

- Birth certificate/hospital birth certificate if signed by attending physician;
- Vital Records interface;
- United States passport;
- Certificate of Naturalization;
 - (N-550 or N-570 – which are issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized).
- Report of birth abroad of a U.S. Citizen;
 - (FS-240 – which is issued by the Department of State to U.S. citizens).
 - (Statement provided by a U.S. consular officer certifying that an individual is a U.S. citizen – this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350).
 - Verification that a child was born abroad to two U.S. citizen parents; or
 - Verification that a child was born abroad to one U.S. citizen parent and that U.S. citizen parent resided in

the U.S. for a period of at least one year prior to the child's birth; or

- Certificate of birth;
 - (FS-545 – which is issued by a Foreign Service post or Certification of Report of Birth).
 - (DS-1350 which is issued by the Department of State).
- Certificate of Citizenship;
 - (N-560 or N-561 which is issued by the INS to individuals who derive U.S. citizenship through a parent).
- Religious records recorded in one of the 50 states or the District of Columbia;
- Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth, and the name(s) and place(s) of birth of the parent(s);
- Adoption Finalization Papers showing the child's name and place of birth

2. Refugee

- USCIS Form I-94 showing entry as refugee under Section 207 of the INA and date of entry into U.S. (The arrival date is the date used to determine entry date.); or
- USCIS Form I-688B annotated 274a.12(a)(3) (The arrival date is the date used to determine entry date.); or
- ~~○ USCIS Form I-766 with code A3; or~~
- USCIS Form I-571; or
- USCIS Form I-551 or I-151 with codes RE1, RE2, RE3, RE4, RE5, RE6, RE7, RE8, RE8b, RE9, IC6 or IC7. (These codes show the individual's status was changed from refugee to lawful permanent resident.)

3. Alien Lawfully Admitted for Permanent Residence
 - USCIS Form I-551 or I-151 (Resident Alien card).
 - Unexpired Temporary I-551 stamp in foreign passport or on the I-94 form also verifies the individual is admitted for lawful permanent residence
4. Alien Lawfully Admitted for Residence
 - Any INS document indicating individual has approval to reside in U.S. (does not have to be permanent authorization).
5. Cuban/Haitian Entrant
 - USCIS Form I-551 with code CU6, CU7, or CH7 (These codes show the individual's status was changed to lawful permanent resident.)
 - USCIS Form I-94 with code CU6 or CU7, or stamped Cuban/Haitian Entrant under Section 212(d) (5) of the INA (The arrival date is usually the date of designated status.)
 - Unexpired temporary I-551 stamp in foreign passport or
6. Amerasian Entrant
 - USCIS Form I-551 with code AM6, AM7, or AM8 (These codes show the individual's status was changed to lawful permanent resident.)
 - USCIS Form I-94 with code AM1, AM2, or AM3 (The arrival date is usually the date of designated status.)
 - Unexpired temporary I-551 stamp in foreign passport.
7. Alien Who Has Been Battered or Subjected to Extreme Cruelty
 - USCIS Form I-551 annotated with IB6, IB7, IB8; or
 - Other INS documentation of battered status – contact State Office for clarification.
8. American Indians - Verification of 50% American Indian blood

- Enrollment documents, birth records, affidavits from tribal officials, USCIS Form I-181 or I-551 annotated with KIC, KIP or S13 or other acceptable documents can be used as verification of 50% American Indian Blood.
- A Blood Quantum letter containing information from the individual's Band, Tribe, Nation stating the individual's blood quantum, which must be at least 50% aboriginal blood can also be used as verification of 50% American Indian blood. The document may contain the following verbiage:
 - . . . at least 50% Aboriginal blood
 - . . . at least 50% Indigenous blood
 - . . . at least 50% North American Indian blood
 - . . . at least 50% American Indian blood

Note: The Blood Quantum letter can be used to show that an individual possesses at least 50% blood of the American Indian race, but cannot be used to show that an individual does not possess at least 50% blood of the American Indian race when the parents are enrolled in different bands, tribes, or nations. If the letter does not show an individual possesses at least 50% blood of the American Indian race, verification should be obtained from the band, tribe, or nation where the other parent is enrolled.

9. Iraqi and Afghani Special Immigrants

- Iraqi passport with immigrant visa stamp noting the individual has been admitted under IV (Immigrant Visa) Category SQ1, SQ2, SQ3, and Department of Homeland Security (DHS) stamp or notation on passport or I-94 showing date of entry; or
- Afghan passport with an immigrant visa stamp noting that the individual has been admitted under IV (Immigrant Visa) Category SQ1, SI1, SQ2, SI2, SQ3, SI3; or

- DHS Form I-551 showing Afghan nationality or Afghan passport, with an IV (Immigrant Visa) code of SQ6, SI6, SQ7, SI7, SQ9 or SI9.

10. Victim of Human Trafficking

- "T" visa or Certification Document from the Office of Refugee Resettlement (ORR).

400-28-50-35

Clarified in policy that postsecondary education is what is being referred to in this section. Removed the words 'for each semester' in the first bullet of the second paragraph as the first paragraph identifies when school attendance must be obtained.

Education 400-28-50-35

At the time an individual applies for the Child Care Assistance Program and is participating in an approved postsecondary educational activity or in an ongoing case when an individual begins participation in an approved postsecondary educational activity, verification of school attendance must be obtained.

The following items are required to be included in the case file:

- A copy of the class schedule ~~for each semester~~
- SFN 113 Postsecondary Education Information Form
- If needed to verify the degree being pursued a copy of the curriculum is required

400-28-55-05

As a result of a state audit, a change in policy has been made regarding job search. The job search individual must keep track of the date, time and the job search activity. The bullets in #2 have been removed. Added clarification in #3, the activity is considered training when a GED or high school education is not required.

Allowable Activities 400-28-55-05

Caretakers must be participating in an allowable activity to be eligible for assistance under the Child Care Assistance Program (CCAP). The following are allowable CCAP activities:

1. Work – Work is an activity in which an individual is engaged through employment or self-employment. Work must entail personal involvement and effort on the part of the applicant or recipient. Self-employment is also considered work.

The following are allowable work activities:

- Paid employment
 - Paid work studies, internships or assistantships (this includes when an individual is in a non-allowable postsecondary education program).
 - Self-employment
2. Job Search - Child care for job search is allowed for eight weeks in a calendar year. When a household includes two caretaker, each caretaker is eligible for eight weeks of job search per calendar year. Job Search hours are limited to 20 hours per week. No additional hours are allowed for travel and breaks.

Exception: Job Search for JOBS recipients is included in their JOBS employment plan. Whatever is on the employment plan for job search is an approved activity.

- ~~Job Search hours are self-declared and the hours do not need to be verified unless questionable .~~
- ~~When a household includes two caretakers, each caretaker is eligible for eight weeks of job search per calendar year.~~

The caretaker(s) must provide a written and signed statement with the dates, time and the job search activity they were participating in (example: submitting the date and time they were submitting

applications, interviews). If this is not provided with the Child Care Billing Report form, the hours are not considered allowable.

3. Education or Training - Child care relating to an allowable education or training activity.
 - An individual is considered in an allowable postsecondary education if the individual is pursuing a certificate, certificate of completion, or a one or two year degree in postsecondary or vocational school and does not have a previous degree as defined in non-allowable postsecondary education.
 - A student who is pursuing a one or two year degree, and has indicated they plan to continue their education to receive a bachelor's degree or beyond, can have child care paid towards the pursuit of completion of the one or two year degree only.
 - If otherwise eligible, the time caretakers are attending classes in skills and technology training or individuals who are participating in classes for English as a second language will be covered.
 - Attending high school or alternative high school or pursuing a GED is an allowable activity even if the individual is not participating in Crossroads.
 - Traditional high school "attendance" is defined by the Department of Public Instruction (DPI) as:
 - Full-time - 4 or more classes
 - Part-time - less than 4 classes
 - Attendance in an alternative high school setting for full-time/part-time as identified by the school
 - GED may be full time/part-time.
 - If a high school diploma or GED is not required to receive a certificate, it is considered training and it is not considered postsecondary education.

Example: A Certified Nurse Assistant (CNA) certificate is **NOT** considered postsecondary education as a high school diploma is not required to receive a CNA certificate.

- Internet Classes – Child care related to completing on-line computer classes that meets the allowable education or training requirements is an allowable activity.
- Vocational Rehabilitation education plans must follow CCAP education requirements.

400-28-55-10

Policy has been added for TANF recipients who are participating in education.

Allowable Activities for TANF Recipients 400-28-55-10

The Child Care Assistance Program (CCAP) can pay child care for [TANF](#) recipients only if the allowable activity is identified and the child care is approved on the [Job Opportunities and Basic Skills](#) (JOBS) or Tribal Native Employment Works (NEW) Program employability plan. Child care costs for any JOBS/Tribal NEW Program allowable activity not identified on the employability plan cannot be paid through CCAP. Participation in activities for the JOBS or Tribal NEW, including periods of time a TANF recipient is required to complete a Proof of Performance (POP) are considered [allowable activities](#) for TANF recipients.

If an individual is meeting their JOBS/Tribal NEW program requirement, CCAP can pay for any approved activities listed on the employability plan.

When a TANF recipient, who is required to participate in the JOBS/Tribal NEW Program, is not participating, child care will be paid for any activity the individual is participating in that is listed on the latest employability plan until the TANF case closes.

Example: Mom is required to participate in the JOBS Program in [Job Search](#) but fails to provide information to her case manager. The case

manager completes the 'good cause' process and a sanction is imposed for October.

If Mom submits child care [expenses](#) for the months of September and October while searching for a job, since the latest employability plan lists her activity as Job Search and Mom continues to be a JOBS participant through October 31st, the child care expenses for September and October while searching for a job can be paid.

Should the child care expenses for the months of September and October be a result of an activity not listed on the employability plan, those child care expenses cannot be paid unless mom begins participating in the JOBS program and a new employability plan is received that includes these activities.

TANF recipients who are participating in the JOBS program may have educational activities approved on their employability plan even though the education is not a requirement to be in compliance with their JOBS program participation. Education which is approved on the Employability Plan does not have to meet the allowable education criteria under the Child Care Assistance Program (CCAP). When the TANF case closes, education must follow regular CCAP rules.

Example: A TANF recipient's JOBS Employability Plan lists JOBS activities and the recipient is attending education which is not listed on the Employability Plan. The child care **cannot** be reimbursed because the activity is not included on the JOBS Employability Plan even if the education meets CCAP's allowable education criteria.

Example: A TANF recipient's Employability Plan list JOBS activities and education. Regardless of whether the education plan meets CCAP allowable education requirements, the child care costs relating to the education **can** be reimbursed as the education is approved on the JOBS Employability Plan.

This policy does not apply to Post-TANF.

400-28-60

Added the wording 'unpaid work' to the 4th bullet in the first paragraph and removed note. Added the wording 'unpaid work' to the 3rd bullet in the last paragraph and removed note.

Non-Allowable Activities 400-28-60

All individual except Crossroads

The following activities are not allowed under the Child Care Assistance Program (CCAP), unless the activities are approved in a TANF recipient's JOBS/Tribal NEW Program employability plan:

- Attending support groups
- Attending parenting classes
- Participating in community service
- Participating in volunteer work (unpaid work)

~~**Note:** CCAP cannot be paid for child care costs incurred while a caretaker is working as a volunteer and not being paid.~~

- Non-allowable postsecondary education:
 - Pursuing a bachelor degree (4 year) or beyond - If the student is pursuing a 4 year degree, without first intending to pursue a 2 year degree, CCAP cannot pay any of their child care for any of the years.
 - An individual who has already received a certificate, certificate of completion, and associate degree, bachelor's degree, or post-secondary diploma.
- Note:** Receipt or completion of a certificate does not include a Certified Nursing Assistant (CNA) certificate.
- If a caretaker has a certificate or degree obtained from another state or country, they are not eligible for CCAP.

Crossroads Individuals

The following activities are not allowed under the Child Care Assistance Program (CCAP), unless they activities are approved in a Crossroads recipient's Education Plan ~~employability plan~~:

- Attending support groups
- Participating in community service
- Participating in volunteer work (unpaid work)

~~**Note:** CCAP cannot be paid for child care costs incurred while a caretaker is working as a volunteer and not being paid.~~

- Postsecondary education

400-28-65-15

Added as disregarded income: Indian Per Capita, Tribal Food Coupons, flexible spending account employee funded, contributions by an employer into a medical savings account, contributions by an employee into a medical savings account and health reimbursement arrangements which are employer funded.

Disregard of Certain Income 400-28-65-15

Certain types of income are excluded in determining eligibility. The exclusion includes but is not limited to:

1. Earned income of all children in the household through the month of their 19th birthday and provided that the child is not a caretaker under this program. School attendance has no bearing on the income being excluded
2. Earned and unearned income of a Crossroad family
3. Earned and unearned income of a TANF or Diversion family
4. Any bonus, incentive payment, etc. that is not received every month

5. Reimbursement for expenses incurred in connection with employment. Example: Air Force personnel who receive income that is to be used for uniforms, this is to be deducted from the normal pay
6. Combat Pay - Any additional monies received by a household as the result of the deployment of a service member to a designated combat zone excluded.

To determine the amount of service member's income that will be disregarded, compare the amount received before deployment and the amount received after the deployment. The difference between the two amounts is the amount that will be disregarded.

Example: Dad was making \$1,000 gross pay before deployment to a combat zone. He now is receiving \$1,400. Disregard the additional \$400.

Combat Zone Tax Exclusion Areas - Executive Order 12744
(effective January 17, 1991)

Arabian Sea Portion that lies North of 10 degrees North Latitude and West of 68 degrees East Longitude:

- Bahrain
- Gulf of Aden
- Gulf of Oman
- Iraq
- Kuwait
- Persian Gulf
- Qatar
- Oman
- Red Sea
- Saudi Arabia
- United Arab Emirates

Direct Support of EO 12744

- Turkey effective January 1, 2003 - December 31, 2005
- Israel effective January 1 - July 31, 2003
- Eastern Med effective March 19 - July 31, 2003
- Jordan effective March 19, 2003
- Egypt effective March 19 - April 20, 2003

Executive Order 13239 (effective September 19, 2001)

- Afghanistan

Direct Support of EO 13239

- Pakistan effective September 19, 2001
- Tajikistan effective September 19, 2001
- Jordan effective September 19, 2001
- Incirlik AFB effective September 21, 2001 - December 31, 2005
- Kyrgyzstan effective October 1, 2001
- Uzbekistan effective October 1, 2001
- Philippines (only troops w/orders that reference OEF) effective January 9, 2002
- Yemen effective April 10, 2002
- Djibouti effective July 1, 2002
- Somalia effective January 1, 2004

Executive Order 13119 (effective March 24, 1999)Public Law 105-21 Establishing Kosovo as Qualified Hazardous Duty Area (March 24, 1999)

- The Federal Republic of Yugoslavia (Serbia/Montenegro)

- Albania
- The Adriatic Sea
- The Ionian Seas north of the 39th parallel

Public Law 104-117 Establishing a Qualified Hazardous Duty Area
(November 1995)

- Bosnia
 - Herzegovina
 - Croatia
 - Macedonia
7. Reimbursement for work related expenses incurred which do not represent a gain or benefit to the household (medical expenses, per diem, travel and lodging)
 8. Flex Comp income paid to the family - Employee may have a regular deduction from the gross income set aside in a special account, from which the employee can later receive reimbursement for certain expenses. Child Care Assistance Program (CCAP) must use the gross income before the Flex Comp deduction is made.
 9. Income tax refunds and Earned Income Tax Credits (EITC)
Note: Advance EITC payments are excluded as income. CCAP uses the gross income to determine CCAP eligibility and benefits. Since the AEITC does not change the amount of the gross pay, it is disregarded.
 10. Earnings from on-the-job training Summer Youth Employment and Training Program provided by Workforce Investment Act (WIA) Public Law 97-300
 11. Wages received as the result of participation in Experience Works (previously known as Green Thumb Program), Vista, and the Foster Grandparent Program

12. Fund raising for a family when the family **does not** directly receive the monies
13. Irregular cash gift
14. Irregular income from sale of craft items, rummage sales, etc.
15. Loans that require repayment - This loan must be verified, (i.e. a written agreement between the parties must have been executed at the time the loan was agreed upon)
16. Education loans, financial aid, scholarships, stipends (such as ones through United Tribes Technical College) and funds from the John H. Chafee Foster Care Independence Program) or grants from all sources; whether for under-graduate or graduate student, fellowship or gift or portion of a gift used to pay the costs of caretaker's tuition and fees at any educational institution, vocational rehabilitation payments
Note: These funds are not countable when receiving them does not require the individual to work.
17. Montgomery GI Bill, Education Assistance
18. Income from the Reserve Educational Assistance Program (REAP)
19. TANF (including Transition, Kinship Care and Post-TANF) and Diversion reimbursements and supplements for these programs
20. Family subsidy payments
21. Subsidized Guardianship payments
22. Foster Care payments
23. Adoption Assistance payments
24. Supplemental Food Program for Women, Infants and Children (WIC) and the National School Lunch Program
25. Supplemental Nutrition Assistance Program (SNAP) benefits, and Food Commodities

26. Utility payment subsidies payable to the family
27. Vendor payments or payments made to others on the household's behalf, provided that such payments were not directed to the household; (e.g., the payment does not go through the family but to a third party)
28. Gaming winnings
29. All dividends and interest from savings and checking accounts
30. Loss settlement. Disregard only the portion obligated to replace the loss or pay off indebtedness
31. Assistance to individuals other than wages, under Older Americans Act of 1965, Public law 95-478
32. Payments received under the Civil Liberties Act of 1988 by American-Japanese citizens displaced during World War II
33. Payments received under Public Law 101-201 regarding Agent Orange settlements
34. Radiation Exposure Act Settlements under Public Law 101-426
35. Allowances paid under Public Law 106-419 to children of female Vietnam veterans who suffer from certain covered birth defects
36. Income from the Bering Straits Native Corporation (BSNC), which was incorporated as a regional corporation pursuant to the provision of the Alaska Native Claims Settlement Act
37. Census Income
38. General Assistance, BIA or Social Services paid by voucher or vendor payment
39. LIHEAP – Low-Income Home Energy Assistance program
40. Workforce Investment Act (WIA) - needs-based payments, support services and relocation expenses provided to a caretaker through this program

- 41. Tribal Native Employment Works program training allowances
- 42. Training stipends provided by private, charitable organizations to a caretaker who is a victim of domestic violence for the caretaker to attend educational programs
- 43. Alaska Native Claim Settlement Act
- 44. Compensation for jury duty
- 45. Federal Emergency Management Agency (FEMA) Disaster payments including Disaster Unemployment Benefits
- 46. Payments for Care and Maintenance of Non-Household Member(s) - When monies are received by a child care household for the care and maintenance of a non-household member, the payment that is identified as belonging to the non-household member is excluded if the caretaker can provide documentation that the monies received have been given to provide for the care of the non-household member.

Example #1: A caretaker is receiving child support in the amount of \$150.00 per month per child for two children. The caretaker reports one of the children has moved and is residing with a grandparent. The portion of child support for the child who moved (up to \$150) that the caretaker gives to the grandparents is not countable income to the caretaker.

Example #2: A caretaker is a protective payee for an adult non-household member who receives SSI. The SSI payment would not be counted as income.

- 47. Gift cards and gift certificates
- 48. In-store credit bonus when there is no option to receive wages.
- 49. Indian Per Capita
- 50. Tribal food coupons
- 51. Flexible spending account employee funded – Child Care Assistance Program counts gross income therefore the funds put into the

account are already accounted for

- 52. Contributions by an employer into a medical savings account - employer contributions are not considered income
- 53. Contributions by an employee into a medical savings account – the gross income contributions by an employee are already counted as income
- 54. Health reimbursement arrangements which are employer funded are not counted as income if the employer contributes to the account

400-28-65-30-05

Reworded third paragraph removing policy addressing how to count income deductions as that policy has been moved to Section 400-28-70-10
Converting Allowable Income Deductions.

Allowable Income Deductions 400-28-65-30

Overview 400-28-65-30-05

Allowable deductions are deducted from gross countable income. Allowable deductions must be verified. If the allowable deductions are not verified, they cannot be allowed.

The only allowable deduction from gross countable income is court ordered child/spousal support paid, including arrearages.

If eligibility is being determined for a prior month, policy that applies to allowable income deductions is found in Section 400-28-70-10, Converting Allowable Income Deductions. ~~is being requested, actual deductions paid during the month are used.~~

If eligibility is being determined prospectively for allowable income deductions, policy that is applied to income is applied to allowable deductions and is found in the Child Care Assistance Program manual section 400-28-75, Budgeting for the Child Care Assistance Program.

A household must be given the opportunity to verify allowable deductions. If

a household has been given that opportunity and does not provide the verifications, the case is processed without consideration of the claimed deductions.

If deductions are not provided when requested, but provided after the case has been processed, the deductions cannot be used. The household will be given the opportunity to claim those expenses at the next application, 6 month review and when a case changes from Waived Co-pay to Co-pay to provide current information.

If a household member was being allowed deductions and leaves the household, the allowable deduction is removed when the household member is removed.

400-28-70-05

Section has been rearranged and reworded to add clarification of how conversion applies to tips, commissions, bonuses or incentive pay. The note and the 4th paragraph have been removed. The 3rd paragraph is now the 6th paragraph.

Converting Income and Allowable Income Deductions 400-28-70

Converting Income 400-28-70-05

Income for the Child Care Assistance Program (CCAP) is converted to a monthly income.

~~Income must be converted~~ Conversion applies to for all cases where when income (both earned and unearned) is received either weekly or biweekly. Income conversion applies when tips, commissions, bonuses or incentives are included on paystubs received weekly or biweekly.

Income conversion does not apply to the following:

- Income for individuals who have a Waived Co-pay as income is not counted

- Self-employment income
- Child support income
- When eligibility is being determined for the month prior to the application month
- Individuals paid monthly, semi-monthly, or irregularly

~~**Note:** Tips, commissions, monthly bonuses or incentive that are paid monthly, semi-monthly, irregularly and are not included on the paystub are not converted. The tips, commissions, monthly bonuses or incentives must be counted separately as earned income.~~

- Tips, commissions, bonuses or incentive pay which is **not** included on paystubs is counted separately as earned income.

~~For regular income if an individual is paid weekly or bi-weekly but did not receive a paycheck for each pay period, the wages must still be converted. To convert the wages in this situation total the number of paychecks received and divide by the number of checks to arrive at either a weekly or bi-weekly amount.~~

~~Tips, commissions, monthly bonuses or incentives that are paid weekly or biweekly and included on the paystub must be converted. To convert the wages in this situation, total the number of paychecks received and divide by the number of checks to arrive at either a weekly or bi-weekly amount.~~

~~To convert weekly earnings, total the weekly checks and divide by the number of checks to arrive at the weekly average. The weekly average is then multiplied by 4.3.~~

~~To convert biweekly earnings, total the biweekly checks and divide by the number of checks to arrive at the biweekly average. The biweekly average is then multiplied by 2.15.~~

Regular income received by those individuals who normally are paid on a weekly or bi-weekly basis must be converted even when the individual did not receive a check for each pay period in the month. To arrive at the weekly or bi-weekly amount to be converted, the gross amount of each

check is totaled, then divided by the number of checks actually received.

When an individual begins a new job, or has a change in the number of hours employed and the employer verifies a range of work hours, the greater number of work hours verified must be used to determine the income for the caretaker.

400-28-70-10

Added policy that conversion of allowable income deductions does not apply to the prior month (this policy was previously in Overview 400-28-65-30-05).

Converting Allowable Income Deductions 400-28-70-10

Allowable income deductions (court ordered child/spousal support deduction) for individuals who pay their child support weekly or bi-weekly (either paid by the individual or deducted from the paycheck) must be converted. The process for converting these deductions is the same as income.

Conversion for allowable income deductions (court ordered child/spousal support deduction) does not apply if the child support is not paid weekly or bi-weekly. If not paid weekly or bi-weekly, the amount actually paid each month is the amount allowed.

Conversion for allowable income deductions does not apply to the month prior to the application month. Actual deductions paid in the prior month are used.

400-28-75-30

Added clarification that the income being referred to is the income available to the recipient.

Determining Prospective Income When Changing from Waived Co-pay to Co-pay 400-28-75-30

When an ongoing Child Care Assistance Program (CCAP) case is receiving TANF, Diversion or Crossroads and that program is closed, the CCAP case is

changed from Waived Co-pay to Co-pay the month following the month the TANF case closes. Since the CCAP case is now Co-pay, income must be used to determine eligibility.

If all gross income from the final month of TANF, Diversion or Crossroads is available to the recipient, the income reflects a full month's income and the caretaker does not anticipate any changes, that income must be verified.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all remaining months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If all gross income from a specific source is not available to the recipient from the final month of TANF, Diversion or Crossroads, the income from the specific source for the month prior to the final month of TANF, Diversion or Crossroads must be obtained. If that income reflects next month's income and the caretaker does not anticipate any changes, that income must be verified.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for the remaining months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If the caretaker does not anticipate the gross income from the final month of TANF, Diversion or Crossroads or the month prior to the final month of TANF, Diversion or Crossroads to be reflective of the next month's income, the caretaker must provide verification of anticipated income for the next month.

- If the caretaker provides the verification in the allotted timeframe, that income must be used for all the remaining months of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

If all gross income from a specific source from the final month of TANF, Diversion or Crossroads or the month prior to the final month of TANF, Diversion or Crossroads or the month following the final month of TANF, Diversion or Crossroads is not reflective of the income for the remainder of the certificate period, the caretaker must provide verification of anticipated monthly income for the remainder of the certificate period.

- If the caretaker provides the verification in the allotted timeframe, that income is used for the remainder of the certification period.
- If the caretaker does not provide the verification in the allotted timeframe, the case must be closed.

400-28-80-10

Added policy that student calculated hours from class schedules can be used for class attendance and study time. Added additional policy has been added regarding online classes, high school education and GED. Due to a state audit, additional policy for job search has been added regarding the household responsibility to verify job search activity. Policy has been added for hours that are not allowed to be used in calculating the Level of Care.

Calculating Allowable Child Care Hours 400-28-80-10

To calculate the Level of Care, the eligibility worker must determine the actual allowable hours by:

- Determining the weekly allowable activity hours for the caretaker for **each** activity
- Determining the weekly schedule for each child
- Determine each child's Level of Care using the caretaker's schedule and the child's schedule
 - Any weekly hours the caretaker is participating in an allowable activity and the child needs care during the time the caretaker is in the allowable activity will determine the child's hours of needed care per week.

- The child's hours of needed care per week determine the Level of Care of full time, part-time, or hourly.

When determining the caretaker's activity schedule:

- If the caretaker has a set schedule and the schedule is not questionable, use the caretaker's schedule to calculate each child's hours of needed care per week.
- If the caretaker does not have a set schedule and informs the Eligibility Worker of their schedule, if the schedule is not questionable, use the caretaker's schedule for the same month the income is used to calculate each child's hours of needed care per week.
- If the caretaker does not have a set schedule and the caretaker provides a schedule that is questionable, the caretaker must provide verification of the schedule for the same month as the income is used. Use the caretaker's verified schedule to determine each child's hours of needed care per week.

The following methods must be used to determine the weekly allowable activity hours of the caretaker's activity:

1. Work Hours Calculation

Weekly work hours are determined by using verified paystubs, employer's statements, etc. Refer to 400-28-80-15, Travel Time and Lunch Break Calculation, to determine additional allowable hours.

If the caretaker is engaged in ongoing employment:

- Paystubs from the month of application are used if all are available and are reflective of the anticipated work hours.
- If paystubs from the month of application are available and are not reflective of the anticipated work hours, the caretaker must provide verification of the anticipated work hours and these hours will be used to determine the weekly allowable activity hours.

- If all paystubs from the month of application are not available paystubs from the month prior to the application month are used if they reflect the anticipated work hours.
- If paystubs from the month prior to the application month are not reflective of the anticipated work hours, the caretaker must provide verification of anticipated work hours and these hours will be used to determine the weekly allowable activity hours.

If the caretaker begins new employment the caretaker must provide verification from the employer of the anticipated weekly work hours.

Once hours have been established, the worker must calculate the weekly average hours for the allowable activity of the caretaker.

To calculate the number of weekly work hours the following methods are used:

- For individuals who are paid weekly, the total number of work hours shown on all pay stubs received in the month are divided by the number of pay stubs in the month to arrive at the average weekly hours worked.
- For individuals who are paid bi-weekly, the total number of work hours shown on the pay stubs received in the month are divided by the number of pay stubs received in that month to arrive at the average number of work hours per pay period. The pay period total hours are then divided by 2 to arrive at the average weekly hours worked.
- For individuals who are paid semi-monthly, the total number of work hours shown on both pay stubs received in the month are divided by the number of pay stubs received in that month to arrive at the average number of work hours per pay period. The pay period total hours are then divided by 2 to arrive at the average weekly hours worked.
- For individuals who are paid monthly, the total number of work hours shown on the pay check received in the month are divided by 4 to arrive at the average, weekly hours worked.

- For individuals who are paid on an irregular basis, the total number of work hours shown on the paystub(s) received in the month are divided by 4 to arrive at the average weekly hours worked. (e.g. Individuals who work on call, as needed, etc.)

If an employer verifies a range of work hours, the higher number of work hours verified will be used as the allowable activity hours for the caretaker.

Note: The pay stubs, employer statement, work schedule, etc., that was used to determine the income eligibility must be the same paystubs, employer statement, work schedule, etc., that is used to determine allowable activity hours.

For individuals who are self-employed, the individual must provide a schedule completed by the individual, listing the hours the individual will participate in their self-employment activity for the month of application and the month prior to the month of application.

- The hours for the month of application are used if they are reflective of the anticipated work hours.
- If the hours from the month of application are not reflective for the future, the hours from the month prior to the application month are used if they reflect the anticipated work hours.
- If the hours from the month of application or the month prior to the month of application are not reflective of the anticipated work hours, the caretaker must provide a schedule, completed by the individual, listing the hours anticipated to work for the future month.

2. Student Hours Calculation

The number of credit hours a student is enrolled ~~credit hours~~ must be verified by a class schedule. ~~Two (2) hours will count for each credit hour per week a student is enrolled in an allowable education activity.~~ Each credit will be multiplied by 2 and the total will represent the number of hours per week the student is considered engaged in an education activity. Refer

to 400-28-80-15, Travel Time and Lunch Break Calculation to determine additional allowable hours.

Example: A student's class schedule verifies 12 credit hours. Multiplying each credit by 2 results in 24 hours per week as the student's is allowable ~~child care~~ 24 hours per week of allowable activity hours. The student is allowed travel time and lunch break time. 24 allowable hours x 25% for travel time and lunch break equals 6 hours. 24 hours plus 6 travel and break time hours equals 30 hours. 30 hours per week may be used for both class attendance and study time. However, the class attendance and claimed study time cannot exceed the number of hours that have been determined.

Students who attend classes that are NOT based on credit hours, their hours must be verified based on a class schedule that lists the hours the individual is required to attend class. Refer to 400-28-80-15, Travel Time and Lunch Break Calculation to determine additional allowable hours.

Example: An individual is attending Beauty School and attends class from 8:30 am to 5:00 pm Monday thru Thursday and from 8:00 am to 12:00 pm on Friday, based on her class schedule. The student is allowed 38 hours per week of allowable activity hours.

Hours can be allowed for a caretaker in education who has a break of less than a full calendar month between terms, if the provider charges for time during the break.

Example: An individual was in education from August through early December and will return to school in January. The provider continues to charge the individual during the break. The same level of care should continue during the semester break so as to not disrupt the family's child care availability.

For online classes, two (2) hours will count for each credit hour per week a student is enrolled in an allowable education activity. Generally the computer tracks the amount of time an individual participates in an on-line course and is recorded by the college. In these situations, the college would have record of the amount of time an individual participated in the on-line courses. Whether the computer tracks the hours or not, an individual participating in an online class must provide a schedule completed by the individual listing the hours the individual will participate in the online classes.

Allowable hours for students who are attending high school or GED must be verified by a class schedule. Refer to 400-28-80-15, Travel Time and Lunch Break Calculation to determine additional allowable hours.

To calculate any type of school hours:

- The hours for the month of application are used if they are reflective of the class hours
- If the hours from the month of application are not reflective for the future, the hours from the month prior to the application month are used if they are reflective of the anticipated class hours
- If the hours from the month of application or the month prior to the month of application are not reflective of the anticipated class hours, the caretaker must provide a schedule of the anticipated class hours. For online classes, the caretaker must provide a schedule completed by the individual listing the hours anticipated to participate in the on-line classes for the future month.

The above would also apply at time of review, when adding an individual into a case and when changing a case from Waived Co-Pay to Co-Pay.

3. Job Search Hours Calculation

Up to 20 hours a week can be allowed for job search. ~~This can be self-declared~~ The caretaker(s) must provide a written statement stating the number of hours they will be

participating in job search each week. See policy in Section 400-28-55-05 Allowable Activities for additional information regarding Job Search. No additional hours are allowed for travel and breaks.

NOTE: This does not apply to JOBS and Tribal NEW recipients as the Employability Plan ~~dictates~~ determines the allowable hours.

Hours that cannot **be** used to calculate allowable hours for the Level of Care include:

- The provider is absent for any reason (e.g. such as medical, holiday, vacation, temporary illness)
- The caretaker(s) is absent from the allowable activity for any reason (e.g. such as medical, holiday, vacation, maternity leave, temporary illness)

Exceptions:

- If the absence meets the criteria in Section 400-28-80-25, Absent Days for Illness section of this manual
- If the hours for a college student meets the criteria in Section 400-28-80-10

400-28-80-25

Added policy that child care will not be paid for the caretaker for any reason other than if the absence from their allowable activity is because of their child's illness or to attend the child's medical appointments and the provider is billing during this period of time. Removed policy from this section that addressed hours that are not allowed as that policy has been moved to 400-28-80-10, Calculating Allowable Child Care Hours.

Absent Days for Illness 400-28-80-25

Up to 16 hours per calendar month can be allowed for a child who is absent from their day child care setting for reasons of illness or while they attend

medical appointments if the provider normally requires payment to maintain the spot of a child absent for those reasons.

Up to 16 hours per calendar month can be allowed when the caretaker is absent from their allowable activity to take care of the child who is absent from their child care setting because of the child's illness or to attend the child's medical appointments and the provider normally requires payment during that absence.

Note: Medical documentation and verification of hours the caretaker was or was not in the allowable activity on the absent days is not needed for absent days unless fraud is suspected.

The days and number of hours per day that the child was absent because of their illness or to attend medical appointments must be listed on the Child Care Billing Report form. The hours a parent was absent from their allowable activity to care for the child are not listed on the form by the parent.

Hours will not be allowed when:

- ~~The provider is absent for any reason (e.g. such as medical, holiday, vacation, temporary illness)~~
- ~~The caretaker(s) is absent from the allowable activity for any reason (e.g. such as medical, holiday, vacation, maternity leave, temporary illness)~~
 - **Note:** ~~Hours are allowed for a caretaker who is a student during breaks of less than a full calendar month between terms, if the provider charges for time during the break.~~

400-28-85-05

Punctuation correction made.

Level of Care 400-28-85**Overview 400-28-85-05**

The Level of Care is used to determine whether a child needs full-time, part-time, or hourly child care while in a specific provider's care and their caretaker is participating in an allowable activity. If a child attends child care at more than one provider, the child may have different Levels of Care for each provider.

- If the child is not school age, that child's Level of Care is based on the number of hours the child is required to be in a specific provider's care while the caretaker's is participating in their allowable activity.-
- If the child is a school age child, that child's school schedule, the caretaker's allowable activity schedule, and the number of hours the child is required to be in a specific provider's care while the caretaker's is participating in their allowable activity is needed to determine their Level of Care.

400-28-85-10

Policy has been added regarding when the Level of Care must be verified and that a child's school schedule must be provided. A spelling correction has been made.

Determining the Level of Care 400-28-85-10

Level of Care must be determined for each provider based on the number of hours the child needs to be in care while the caretaker(s) is participating in an allowable activity. The Level of Care must be determined at:

- application
- 6 month review
- increase in monthly hours
- adding a child to the certificate

- addition of a household member who is participating in an allowable activity
- change or addition of a provider

To determine the Level of Care:

- The caretaker must provide verification of activity hours (pay stubs, employer statement, class schedule, time sheets, etc).
- For a school aged child, the child's school schedule ~~is needed~~ must be verified.

Once this information is determined:

- If the weekly hours calculated for a child average 25 or more per week, the child falls into the ~~full-time~~ full time Level of Care.
- If the weekly hours calculated for a child average from 14 to less than 25 hours per week, the child falls into part-time Level of Care.
- If the weekly hours calculated for a child average less than 14 hours per week, the child falls into hourly Level of Care.

Once a level of care is established for a child:

- The level of care is not decreased for the remaining certificate period regardless if the caretaker has a decrease in hours which would result in the child needing a lower Level of Care from what they were initially approved for on the certificate.
- If the child has an increase in needed hours during the certificate due to increased hours of activity for a caretaker(s), the increase is made if the Level of Care needed increases for a child, or the child's needs increase from hourly to part-time, hourly to full time, or part-time to full time.

400-28-105-05

Added policy that providers must be enrolled in the Child Care Assistance Program Provider System to be listed as a provider on a certificate and receive payment.

Provider Requirements and Information 400-28-105

Overview 400-28-105-05

This section provides information regarding the requirements a provider must meet in order to be listed on a Child Care Assistance Program (CCAP) certificate and to receive payment from the ~~Child Care Assistance Program~~ {CCAP}.

To be eligible for CCAP the child care provider must:

- Be 18 years of age or older, ~~and~~
- Licensed, self-declaration, an approved relative or registered by a Tribe
- Complete a W-9 and
- Enrolled in the Child Care Assistance Program Provider System at the time a certificate is issued or updated and at the time payment is made.

NOTE: If a North Dakota licensed, self-declaration, approved relative, or Tribal registration moves, it invalidates the current licensed, self-declaration, approved relative, or Tribal registration.

- If an eligibility worker becomes aware that an approved relative provider has moved, the eligibility worker must notify the State CCAP office of the move.
- If an eligibility worker becomes aware that a licensed or self-declaration provider has moved, the eligibility worker must notify the county licensing staff.

Providers who are registered or licensed by a Tribe or licensed by the air force bases may be accepted by the CCAP program. Out of state providers who live in bordering cities are acceptable providers. All of these providers must submit a copy of their current licenses, and a "W-9, Request for Taxpayer Identification Number and Certification" to the State CCAP office.

Renewed licenses, registrations, and self-declarations must be submitted yearly by the provider to the State CCAP office along with a current W-9.

Relative providers approved to provide care for specific children are given a provider ID number by the State CCAP office. Their continued enrollment in CCAP is contingent upon being updated annually and their submitting an updated W-9 each year. If the relative provider moves, the approval becomes invalid and the relative provider needs to reapply.

A sibling who lives in a separate residence from the child can be a provider if they comply with all applicable requirements to be a licensed, self-declaration, approved relative or Tribal registration.

400-28-105-20

Policy has been added that an approved relative may be terminated as a provider for the Child Care Assistance Program (CCAP) in specific situations. Added verbiage into this section an approved relative may only receive payment from the CCAP for the specific children they have been approved to provide care to.

Approved Relative 400-28-105-20

An Approved Relative is a provider, whose relationship to the child by marriage, blood, or court degree, is a:

- Grandparent (including step-grandparents)
- Great-grand parent (including great step-grandparents)
- Aunt or uncle (including step-aunt or uncle)
- Sibling (including step-siblings)

NOTE: Siblings cannot be an 'approved relative' provider if the sibling resides with the child.

The approved relative must qualify to participate as a provider for Child Care Assistance Program. To qualify, the relative must complete the application SFN 23, Application for Approval for Relative Child Care Provider and W-9, Request for Taxpayer Identification Number and Certification forms and return to Public Assistance Division for processing.

To assure health and safety of children, applications are reviewed against known information within ND Department of Human Services

before approving a relative provider along with the:

- North Dakota Supreme Court website
- North Dakota State's Attorney's Sex Offender website
- Children and Family Services criminal back ground check

An Approved Relative's request to be a provider will be denied or will be terminated in an ongoing case at the end of the month notification is given by the Department when the applicant/recipient and household members have been found guilty of, pled guilty to, or pled no contest to:

1. Homicide, assaults, threats, coercion, harassment, kidnapping, sexual performances by children, gross sexual imposition, continuous sexual abuse of a child, sexual imposition, corruption or solicitation of minors, luring minors by computer or other electronic means, sexual abuse of wards, sexual assault, robbery, burglary, promoting prostitution, facilitating prostitution, child procurement or abuse or neglect of a child;
2. An offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the offenses identified in #1 above; or
3. An offense, other than an offense identified in #1 and #2 if the department determines that the individual has not been sufficiently rehabilitated. An offender's completion of a period of five years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation.

The department has determined that the offenses in #1 and # 2 above have a direct bearing on the applicant's ability to serve the public in a capacity as a provider.

In the case of misdemeanor simple assault or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction, the department may determine that the individual has been sufficiently rehabilitated if five years have elapsed after final

discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent conviction.

An approval or denial letter is sent to the applicant relative provider. An applicant may appeal the decision by submitting a signed written request to the agency within 30 days from the date of the notice of the letter. During an appeal process, payments will not be made by the Child Care Assistance Program (CCAP).

Approved relatives are approved to provide care for a specific child(ren) who is identified on their approval letter. CCAP can only make payment for a children(ren) who is identified on the provider's approval letter.

400-28-105-25

Added 'Certificates' to the title of this section. The first paragraph has been removed. Added clarified provider must be licensed to be included on a certificate.

Qualified Providers for Certificate and Payment 400-28-105-25

~~Child Care Assistance Program applications cannot be approved and a certificate cannot be issued or updated unless the provider is licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe.~~

At the time a certificate is issued or updated, the provider must be licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe, listed as a provider in the Child Care Assistance Program Payment System and have a future expiration date.

If at time of application, the provider is not currently licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe, and the provider will not complete that process within the processing time frame for an application and the family is not using any other qualified provider(s), the caretaker must find another provider who is licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe, or the application must be denied.

In an ongoing case a closing notice must be sent at the time it is discovered that the only provider or all the providers are no longer licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe. The case must be set to close at the end of the month the closing notice is sent.

In an ongoing case where there is more than one provider and one of the provider(s) is no longer licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe, the provider must be removed from the certificate effective the month following the month of expiration.

Child care will go back to the first of the month in which the provider's licensed, Air Force base license, under self-declaration, an approved relative provider, registered by a Tribe is effective.

If an applicant applies and requests child care for a prior month and the provider's licensed, Air Force Base license, under self-declaration, an approved relative provider, registered by a Tribe was not effective in that prior month, payment cannot be made to that provider.

If the provider's licensed, Air Force Base license, self-declaration, approved relative provider, registered by a Tribe expiration date is during a month, payment for that month can only be up to the expiration date. Any care provided following expiration date of their status, **cannot** be paid. The case must be closed at the end of the month if there are no other providers or another qualified provider is not obtained by the end of that month.

If the provider is reinstated during the month of expiration, payment can be made for the entire month. If the provider becomes reinstated prior to the end of the month, eligibility for the family can be reinstated if the family is otherwise eligible. If the case closes prior to reinstatement, the caretaker must reapply.

400-28-115-10

The first two bulleted items were changed to regular paragraphs. 3rd bullet has been made into an exception and has been reworded. Policy has been added that child care will not be paid for the caretaker other than if the

absence meets the criteria in Section 400-28-80-25, Absent Days for Illness. Exception added that hours will be paid for college students if criteria in Section 400-28-80-10 are met. Added clarification that child care can only be paid for hours when the caretaker was participating in their allowable activity and child was receiving care.

Caretaker and Provider Contract for Services 400-28-115-10

When a caretaker chooses a child care provider, there is generally a contract outlining what is expected of the family for situations of absences, holidays, vacations, and termination of services

A contract detailing the conditions related to payment for unscheduled absences, holidays and vacations, as well as termination of services is often entered into between a caretaker and the child care provider chosen. The Child Care Assistance Program (CCAP) is neither a party of nor subject to any contract or any terms therein included.

CCAP will not be paid while the provider is absent for any reason (e.g. medical, holiday, vacations, etc.).

CCAP will not be paid while the caretaker(s) is absent from participating in their allowable activity for any reason (e.g. medical, temporary illness, holiday, vacations, etc.).

- Exceptions:

- If the absence meets the criteria in Section 400-28-80-25, Absent Days for Illness section of this manual
- If the hours for a college student meets the criteria is Section 400-28-80-10, Calculating Allowable Child Care Hours.

- ~~CCAP pays for child care for a child's absence if the absence meets the criteria in Section 400-28-80-25, Absent Days for Illness section of this manual~~

A contract may require that a notice of termination be given and the provider may request payment for that period of time. CCAP will not reimburse costs incurred because of a termination agreement unless except

for the time the caretaker was participating in an allowable activity and the child was present and was provided care other than the exception addressed in 400-28-80-25, Absent Days for Illness and 400-28-80-10, Calculating Allowable Child Care Hours. ~~during that period of time.~~

Providers must **NOT** charge CCAP caretakers more than they are charging their lowest charged private pay families.

400-28-120-35

Added policy a certificate must be updated if provider is no longer being used by the family or is no longer a qualified provider and when a child is no longer eligible. Removed policy stating when a case changes from Waived Co-pay to Co-pay actual updating must be completed in the month following the month of the closure.

Updating Certificates 400-28-120-35

When a certificate is issued, the certificate is not changed unless an eligibility criteria to change a certificate is met.

Eligibility criteria to make a change to a certificate are the results of a change (mandatory, non-mandatory and known information to the agency) which affects the eligibility information contained on the certificate.

A certificate must be updated for the following reasons; however, there may be additional reasons not included that may require the certificate to be updated:

- When there is a change in household size which affects the Child Care Assistance unit household size.
 - Someone moves into the household
 - Someone moves out of the household
- Change in allowable activity
 - Start or end of job search
 - Start of work activity (not previously in any work activity)

- End of work activity (no longer in any work activity)
- Start or end of school which includes
 - A postsecondary student completes an associate degree, postsecondary diploma, certificate of completion or any other vocational training course or if the caretaker(s) changes to another course of study.
- Start or end of TANF, Diversion or Crossroads
- Increase in monthly child care hours for a child if the increase in hours increased the Level of Care the child needs.

Note: Decreases in the Level of Care are not made during the certificate period.

- Changes in provider(s) or addition of provider(s)
- When a provider is no longer being used by the family or the provider is no longer a qualified provider.
- When a child is no longer eligible for the Child Care Assistance Program including but not limited to:
 - turns age 13
 - if age 13 and under 19 and verified care no longer exists
 - enters Foster Care
 - no longer needs care
- State residency
- When a case changes from Waived Co-pay to Co-pay, the certificate must be updated for the month following the month the TANF, Diversion or Crossroads case closes. ~~The actual updating must be completed in the month following the month of the closure.~~
 - ~~**Example:** A TANF case closes on October 31st. The certificate must be updated in the month of November with a certificate start date of November 1.~~
- When a case changes from Co-pay to Waived Co-pay, the certificate must be updated effective the month the case is approved for TANF, Diversion or Crossroads.

- When an Intentional Program Violation disqualification penalty is imposed the certificate must be updated effective the month the individual is disqualified.

Example: If an IPV is imposed effective for July, the certificate for July must be updated to remove the disqualified individual from the household size.

If a certificate must be updated, the caretaker is sent a copy of the updated certificate and the provider(s) is sent a copy of the certificate with the information that applies to the child(ren) for whom the provider(s) has been approved to provide care.

If a certificate is updated and there are multiple providers for the family, an updated certificate is only sent to the provider whose certificate has been updated. A certificate is not mailed to a provider if there is no change to their certificate.

400-28-125-05

Added policy that for changes, the 10 day count starts the first calendar day after the date the change occurs. Changed 'a' to 'any' in the second and third sub bullets.

Mandatory Changes 400-28-125-05

Mandatory changes must be reported to the county social service office within 10 days from the date the event occurs. The first calendar day following the date the event occurs is day 1 of the 10 day reporting timeframe. Mandatory reportable changes are:

- Change in household size
 - Someone moves into the household
 - Someone moves out of the household
- Change in allowable activity
 - Start or end of job search

- Start of work activity (not previously in any work activity)
- End of work activity (no longer in any work activity)
- Start or end of school which includes
 - A postsecondary student completes an associate degree, postsecondary diploma, certificate of completion or any other vocational training course or if the caretaker(s) changes to another course of study.
- Start or end of TANF, Diversion or Crossroads
- Increase in monthly child care hours for a child
- Changes in provider(s) or addition of provider(s)
- State residency

Actions required to be taken following the report of a mandatory change may include:

- Requesting additional information from the caretaker
- Updating information in the case file
- Updating information in the Child Care Assistance Program system
- Updating the certificate(s), if required
- Closing the case if the case must be closed
- Document actions taken

If the mandatory changes results in no changes in eligibility and/or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.

400-28-125-15

Policy has been added that known information is only used for the month of discovery and the month following the month of discovery.

Known Information to Agency 400-28-125-15

Known information to the agency is information that the eligibility worker receives from other programs or outside sources instead of from the caretaker.

Note: An IEVS (Income Eligibility Verification System) hit is not considered known information. The verifications submitted resulting from the IEVS match is deemed known information.

~~This include~~ Known information can be information reported by the caretaker ~~for other programs verbally, in writing, or listed on forms received for another programs.~~

~~Note: An IEVS (Income Eligibility Verification System) hit is not considered known information. The verifications submitted resulting from the IEVS match is deemed known information.~~

Actions required to be taken following the receipt of 'known information' may include:

- Requesting additional information from the caretaker
- Updating information in the case file
- Updating information in the CCAP system
- Updating the certificate(s) if the certificate(s) must be updated
- Closing the case if the case must be closed
- Document in case file actions taken

The eligibility worker must document the date they became aware of the 'known information'.

When known information is discovered, the eligibility worker must determine if a change in eligibility is required based on the policy that applies to that information.

Known information is acted upon for the month in which the information is discovered and is acted upon for the month following the month in which the information is discovered. Known information does not need to be acted upon for any future month beyond the month following the month of discovery.

If the known information results in a change in eligibility for a past month(s):

- If the change results in an overpayment, overpayments are established for the month(s) affected.
- If the change results in an underpayment, underpayments are not established for the month(s) affected.

If the known information results in no changes in eligibility and/or the certificate(s) per policy, the case file must be documented to reflect the change reported and the reason no action was taken.

400-28-125-25

In the second paragraph, the wording 'the case will remain open' was removed as the change must be processed if the information is provided within 10 days or prior to the case closing.

Changes Reported That Required Additional Information 400-28-125-25

When a mandatory change is reported (whether timely or not) and additional information is needed, the eligibility worker must send a 'Closure' notice. This notice must include:

- The specific information and verifications that are needed;
- The information and verifications must be provided within 10 days; and

- Failure to provide information and needed verifications within 10 days will result in case closure at the end of the month in which the 10-day period ends, even if the 10th day extends into a future month.

If the required verifications are provided within 10 days from the date of the notice **OR** if the required verifications are not provided within 10 days but prior to the case closing, ~~the case will remain open and~~ the change must be processed based on Section 400-28-125-30, Required Action on Mandatory Changes.

If a case has closed for failure to provide additional information and the caretaker provides the required information in the month following the month of case closure, the case remains closed. The caretaker must reapply.

400-28-125-30

Policy in this section has been rearranged. Added policy into this section of when a mandatory change results in no changes in eligibility and/or the certificate. Additional examples have been added to this section.

Required Action on Mandatory Changes 400-28-125-30

When a change is reported, the eligibility worker must determine if a change in eligibility is needed:

- If the mandatory changes results in no changes in eligibility and/or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.
- ~~The effective date of the change and when the change needs to be implemented.~~
- If the certificate needs to be updated as a result of the mandatory change, ~~If the certificate needs to be updated,~~ the start date of the updated certificate ~~must be updated~~ is based on the month effective date of the change ~~occurred~~ which affects the month the change needs to be implemented and thus determines the start date.

- If the payments made since the change occurred were correct payments:
 - If correct payments were made, document the information regarding the change and the change resulted in no change;
 - If incorrect payments were made, determine the amount of the correct payment and create overpayments if one exists.

Note: In certain situations, an underpayment may occur.

- If payments were not yet made, How the change will affect future payments not yet processed.

1. If a change is timely reported and verified timely

- If the change **benefits** the caretaker:
 - The change is implemented the month the change occurred.
 - The certificate must be updated the month the change occurred.
 - Payments not yet made ~~from~~ for the ~~date~~ month the change occurred ~~to~~ through the months when the certificate was actually updated will need to be reviewed to see if any payment can or cannot be made.
 - If a payment has been made for the month the change occurred, since the change was reported timely, an underpayment may need to be issued.

Example #1: A change occurred that benefited the household on August 25th and was reported and timely verified on September 3rd. August benefits were paid on September 1. The change is implemented and the certificate must be updated for August. September's payment will be made based on the updated certificate. Since the change was reported and verified timely, August

benefits need to be re-determined and an underpayment issued.

Example #2: A change occurred that benefited the household on August 25th and was reported and timely verified on September 3rd. August benefits have not yet been paid. The change is implemented and the certificate must be updated for August. August and September payments will be made based on the updated certificate, since the change was reported and verified timely.

- If the change **does not benefit** or has a negative impact to the child care assistance unit:
 - The change is implemented the month following the month the change occurred.
 - The certificate must be updated the month following the month the change occurred.
 - Payments made for the month following the month the change occurred will be made based on the new certificate.

Example: A change occurred that does not benefit the household on August 25th and was reported on September 3rd. The change is implemented and the certificate must be updated for September. August payments will be made based on the old certificate. Payments beginning September will be made based on the updated certificate, since the change was reported and verified timely.

- If the change causes ineligibility the case must be closed at the end of the month the closing notice is sent.
2. If a change was reported timely but **NOT** verified timely:
- If the change **benefits** the child care assistance unit,
 - The change is implemented the month the change was verified.
 - The certificate must be updated the month the change was verified.

- Payments made ~~from~~ for the date month the change was verified will need to be made based on the new certificate.
- Since the change benefits the Cehild Care Aassistance unit, any underpayments that may have resulted ~~from~~ for the date month the change occurred ~~to~~ through the date month the certificate was updated are not issued since the change was not reported timely.

Example #1: A change occurred that benefited the household on August 25th and was reported on September 3rd. The eligibility worker sent a closing notice to the caretaker on September 6th. The caretaker did not provide verification of the change until September 23rd. The change is implemented and the certificate must be updated for September. September's payment will be made based on the updated certificate. Since the change was reported timely but not verified timely, the caretaker is not eligible for additional benefits for August.

Example #2: A change occurred that benefited the household on September 1st and was reported on September 9th. The eligibility worker sent a closing notice to the caretaker on September 12th. The caretaker did not provide the verification of the change until September 28th. The change is implemented and the certificate must be updated for September. September payments will be made based on the updated certificate.

Example #3: A change occurred that benefits the household on March 3 and is reported on March 6 (reported timely). Additional information is needed and the eligibility worker sends a closing notice requesting additional information on March 7. On March 25 the caretaker provides the requested information (information requested is not verified timely). Since the change was not verified timely, the change is implemented the month the change was verified, March. The certificate must be updated the month the change was verified, March. Payments made for March will need to be made based on the new certificate.

- If the change **does not benefit** or has a negative impact to the child care assistance unit and the case remains eligible:
 - The change is implemented the month the change occurred.
 - The certificate must be updated the month the change occurred.
 - Any payments made ~~from~~ for the date month the change occurred will need to be made based on the new certificate.
 - Any payments made based on the old certificate for months prior to the certificate being updated are subject to overpayments.

Example #1: A change occurred that does not benefit the household on August 25th and was reported on September 3rd. On September 3rd, the eligibility worker sends a closing notice to the caretaker requesting additional information. ~~but~~ The requested information was not verified until September 15th. The change is implemented and the certificate must be updated for August. Since the change was not verified timely, August benefits need to be re-determined and an overpayment established. Payments issued beginning September will be based on the updated certificate.

Example #2: A change occurred that does not benefit the household on November 2 and is reported on November 10 (reported timely). Additional information is needed and the eligibility worker sends a closing notice requesting additional information on November 12. On November 26 the caretaker provides the requested information (information requested is not timely verified). Since the change was not verified timely, the change is implemented the month the change was verified, November. The certificate must be updated the month the change was verified, November. Payments made for November will need to be made based on the new certificate.

- If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.
3. If a change was **NOT** reported timely:
- If the change **benefits** the child care assistance unit:
 - The change is implemented the month the change was verified.
 - The certificate must be updated the month the change was verified.
 - Payments made ~~from~~ for the date month the change was verified will need to be made based on the new certificate.
 - Since the change benefits the child care assistance unit, any underpayments that may have resulted ~~from~~ for the date month the change occurred to the date the certificate was updated are not issued since the change was not reported timely.

Example #1: A change occurred that benefited the household on June 7th and was reported and verification of the change was provided on September 3rd. The change is implemented and the certificate must be updated for September. September's payment will be made based on the updated certificate. Since the change

was not reported timely, the caretaker is not eligible for additional benefits for June through August.

Example #2: A change occurred that benefited the household on June 7th and was reported on September 23th. The eligibility worker sent a closing notice to the caretaker on September 25th. The caretaker did not provide the verification until October 2nd. The change is implemented and the certificate must be updated for October. October payments will be made based on the updated certificate. Since the change was not ~~verified~~ reported timely, the caretaker is not eligible for additional benefits for June through September.

Example #3: A change occurred that benefited the household on May 1 is reported on May 15 (not reported timely). The eligibility worker sends a closing notice requesting additional information on May 16. On May 23 the caretaker provides the requested information (information requested is verified timely). Since the change was not timely reported, the change is implemented the month the change was verified, May. The certificate must be updated the month the change was verified, May. Payments made for May will need to be made based on the new certificate.

- If the change **does not benefit** or has a negative impact to the child care assistance unit and the case remains eligible:
 - The change is implemented the month the change occurred.
 - The certificate must be updated the month the change occurred.
 - Any payments made ~~from~~ for the date month the change occurred will need to be made based on the new certificate.

- Any payments made based on the old certificate for months prior to the certificate being updated are subject to overpayments.

Example #1: A change occurred that does not benefit the household on June 7th and was reported and verification of the change was received on September 3rd. The change is implemented and the certificate must be updated for June. Since the change was not reported and verified timely, June through August benefits need to be re-determined and overpayments established. Payments issued beginning September will be based on the updated certificate.

Example #2: A change occurred that does not benefit the household on January 7 and is reported and verified on January 22 (not timely reported). Since the change was not timely reported, the change is implemented the month the change was verified, January. The certificate must be updated the month the change occurred, January. Any payments made for the month the change occurred will need to be made based on the new certificate.

- If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.

For policy regarding the impact of a change when an individual who enters or leaves the child care assistance unit, refer to Section 400-28-35-05 Child Care Assistance Unit.

400-28-130-05

Added policy addressing payment can be made if a parent or provider refuses to complete, sign or date a child care billing report form.

Child Care Billing Report 400-28-130-05

Child care costs incurred for a calendar month must be verified by using and completing the SFN 616, Child Care Billing Report form for child care costs incurred in a calendar month. It is the responsibility of the child care provider and the caretaker to complete the Child Care Billing Report form each month.

- The child care provider must list the **ACTUAL** number of hours the child was in their care.
- The caretaker must list the **ACTUAL** number of hours the child needed care while the caretaker participated in their approved allowable activity (including travel time).

Both the caretaker and the provider are required to sign and date the billing report form AFTER the form has been completed.

It is the caretaker's responsibility to make sure the form is complete, to review the form for errors and for providing all the information needed in order for the payment to be made. If the form is not complete, the form should be returned to the caretaker for completion.

The caretaker may choose to let the provider submit the billing report form to the county social service office, however, it is the caretaker's responsibility to make sure a completed billing report form is submitted to the county social service office.

If a provider or a caretaker is not available for signature on the child care billing report form, the eligibility worker will be expected to explore all avenues of locating the person who needs to sign the form. If it is reasonable that the billing report form is complete and accurate and the person's whose signature is needed cannot be located or a third party will attest to its accuracy, payment can be made without the signature. All actions taken must be documented.

If a provider or caretaker refuses to complete their portion of the child care billing report form, sign and date the child care billing report form or the provider or caretaker refuses to sign and date the child care billing report form and the other party can provide reasonable proof their information listed on the child care billing report form is accurate, payment can be made without signature. All actions taken must be documented.

400-28-135-10

Added clarification of when hours are allowed for payment. A paragraph below the second paragraph has been added clarifying allowable hours. Moved 2nd and 3rd to last paragraphs to 4th and paragraphs in sequence order in this section for easier flow of policy.

Computing the Bill 400-28-135-10

When a child care billing report form is received, the billing report form must be reviewed to make sure it is complete (signed, dated and completely filled out). If the billing report form is not complete, the billing report form should be returned to the caretaker for completion.

Child Care costs must be submitted on the SFN 616, Child Care Billing Report Form for the actual calendar month the child care costs were incurred. From the total monthly hours listed on the Child Care Billing Form, the average weekly hours must be determined.

Allowable hours must be determined. Allowable hours are actual hours the child(ren) needs child care while the caretaker(s) is participating in their allowable activity. Allowable hours are the period of time the child is at the child care provider's to allow the caretaker(s) the time it takes for the caretaker(s) to travel from the child care provider's to their place of activity, participate in their activity (which includes any unpaid for lunch or break time which is part of their activity) and when completed with their activity, travel back to the provider's.

When a caretaker uses multiple providers, the time that it takes the caretaker to get from the first provider's to the second provider's is allowable time for the first child and the time it takes the caretaker to get from the second provider's back to the first provider's is allowable time for the first child.

When a caretaker who is available to provide care returns to the home during the month, child care during the month of return can only be paid to the date the caretaker entered the home.

When a caretaker who is available to provide care leaves the home during the month, child care during the month the caretaker left can be only be paid from the date the caretaker left the home.

A child whom enters the home during a month who needs and is eligible for the Child Care Assistance Program (CCAP) will have their child care costs paid from the date they entered the home.

A child whom left the home during a month who needs and is eligible for CCAP, will have their child care costs paid to the date they left the home.

If a provider charges for the period of time that a college student (caretaker) is on break of less than a full calendar month between college terms, the caretaker may have their child care paid at the same level of care during the semester break regardless if the child is in attendance or is not in attendance at child care.

If the provider lists hours and the family does not list hours for a specific day, no hours are used as the family is indicating they were not in their allowable activity.

If the provider lists no hours and the parent lists hours for a specific day, no hours are used as the provider is indicating they did not provide care.

The lower of the provider or parent hours is used after the form has been reviewed for accuracy.

Once the allowable hours have been established, the average weekly hours must be determined. To determine the average weekly hours, the number of weeks child care is needed must be determined. A week is defined as Sunday through Saturday, and the maximum number of weeks that can be used to determine the average weekly hours is 4. If a child needs care for 1 day in a week, the week counts as 1 towards the 4 week maximum provided the day of care is in the calendar month that is being billed. If the child does not need care for at least 1 day in a week, the week is not counted.

Example #1:

A child incurred child care costs while mom is employed as indicated in the calendar below. Since the child incurred costs at least 1 day of each week in August, the child is considered in care for 5 weeks. However, the maximum weeks within a calendar month that can be allowed is 4.

August			1 6 hrs	2	3	4
5	6	7	8 6 hrs	9	10	11
12	13	14	15 6 hrs	16	17	18
19	20	21	22 6 hrs	23	24	25
26	27	28	29 6 hrs	30	31	

Total child care hours incurred in the calendar month of August is 30 hours. To determine the average weekly hours, divide 30 hours (6 hours per day times 5 days) by 4 weeks, which equals 7.5 average weekly hours.

Example #2:

A child incurred child care costs while mom is job searching, as indicated in the calendar below. Since the child incurred costs at least 1 day in 2 of the weeks in August, the child is considered in care for 2 weeks.

August			1	2 8 hrs	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23 12 hrs	24	25
26	27	28	29	30	31	

Total child care hours incurred in the calendar month of August is 20 hours. To determine the average weekly hours, divide 20 hours (8 hours from the 2nd and 12 hours from the 23rd) by 2 weeks, which equals 10 average weekly hours.

Example #3:

A child incurred child care costs with 2 different provides in a calendar month, while mom was employed, as indicated in the calendars below. The average weekly hours must be determined for each Provider.

Provider #1

Since the child incurred costs at Provider #1 at least 1 day of each week in August, the child is considered in care for 5 weeks. However, the maximum weeks within a calendar month that can be allowed is 4.

August			1	2	3	4
				8 hrs		
5	6	7	8	9	10	11
		8 hrs	8 hrs	8 hrs		
12	13	14	15	16	17	18
		8 hrs	8 hrs	8 hrs		
19	20	21	22	23	24	25
		8 hrs	8 hrs	8 hrs		
26	27	28	29	30	31	
		8 hrs	8 hrs	8 hrs		

Total child care hours incurred in the calendar month of August for Provider #1 is 104 hours. To determine the average weekly hours, divide 104 hours (8 hours times 13 days) by 4 weeks, which equals 26 average weekly hours.

Provider #2

Since the child incurred costs at Provider #2 at least 1 day in 3 weeks in August, the child is considered in care for 3 weeks.

August			1	2	3	4
					8 hrs	
5	6	7	8	9	10	11
	8 hrs				8 hrs	
12	13	14	15	16	17	18
	8 hrs					
19	20	21	22	23	24	25
26	27	28	29	30	31	

Total child care hours incurred in the calendar month of August for Provider #2 is 32 hours. To determine the average weekly hours, divide 32 hours (8 hours times 4 days) by 3 weeks, which equals 10.66 average weekly hours.

If the average weekly hours of child care provided on the billing form are not within a reasonable amount of the caretaker's average weekly activity hours that were determined at the time the certificate was issued, the eligibility worker must contact the caretaker to resolve the difference. This applies even if the State Rate is the same regardless of the difference in hours.

~~If the provider lists hours and the family does not list hours for a specific day, no hours are used as the family is indicating they were not in their allowable activity. If the provider lists no hours and the parent lists hours for a specific day, no hours are used as the provider is indicating they did not provide care.~~

~~The lower of the provider or parent hours is used after the form has been reviewed for accuracy.~~

The family is responsible for the costs of child care to the provider that the Level of Care determination on the certificate for the payment month.

400-28-135-10-10

Spelling clarifications were made. Policy clarified that hours entered into the Child Care Assistance Program Payment System may be adjusted to the number of actual allowable hours.

Child Care Billing Report Form and Certificate Does Not Match 400-28-135-10-10

Payment is made based on the Level of Care listed on the certificate and the actual hours listed on the Child Care Billing Report.

- When the hours on the Child Care Billing Report form are higher than the Level of Care on the certificate, payment is made based on the Level of Care on the certificate. If the Level of Care on the certificate is hourly (HR) and the Child Care Billing Report form reflects either full time (FT) or part-time (PT) hours, payment is paid at hourly (HR). If the Level of Care on the certificate is part-time and the Child Care Billing Report form reflects full-time full time (FT), payment is paid at part-time (PT).
- When the hours on the Child Care Billing Report form are lower than the Level of Care on the certificate, the actual hours on the Child Care Billing Report form are used for payment. If the Level of Care on a certificate is full time (FT) and the Child Care Billing Report form reflects part-time (PT) or hourly (HR), payment is paid at part-time (PT) or hourly (HR).

Note: When this occurs, the worker will follow the policy and procedures in Section 400-28-125-15, Known Information To Agency

Compare the billed amount to the State Rate on the certificate to determine the lower amount. Take the lowest amount and subtract the Family Monthly Co-pay to determine the amount to be paid by the Child Care Assistance Program (CCAP).

If the child's hours in care do not reflect the hours needed for the caretaker's allowable activities, the eligibility worker must determine actual hours of needed care for the child ~~may adjust the hours to paid~~ and enter the number of actual hours into the CCAP payment system. The system will process the payment based on the lower of the hours on the certificate or the actual hours entered.

The number of hours entered into the system may be adjusted but the amount billed may not be changed. The CCAP system will compute the correct amount to be paid to the provider.

400-28-140

In the first paragraph removed the 'suspend' notice as the suspend notice is no longer applicable. Added wording to last sentence in second paragraph for clarification. Reworded third paragraph for clear reading. Added policy Child Care Certificate is mailed to provider. Payment notification has been clarified. Removed non-payment notice as this notice is no longer needed as all payments must be processed regardless of the amount paid by the Child Care Assistance Program. Added overpayment and underpayment notices.

Notices 400-28-140

The family must be notified with a Child Care Assistance Program (CCAP) notice whenever assistance is denied, pended, ~~suspended~~ or closed, providing them the opportunity for a fair hearing.

The notices that are sent are the documentation of action taken on a case. When a case is authorized for payment, the family will receive a notice automatically which states the total child care billed, amount being

recouped if any, the amount the state will pay and the family share. Additional information may be entered on the comment screen. Notices are mailed to the caretaker the next business day following the process date.

Advance or adequate notice is not required in ~~Child Care Assistance~~ program for CCAP.

Follow is a listing of notices for CCAP:

1. Child Care Certificate -- ~~The certificate is issued to the caretaker~~ and provider when an application ~~has been~~ is approved, and when a 6 month review is completed, ~~and e~~Each time the a certificate is updated ~~due to a change~~ a copy is mailed to the caretaker and the provider who is affected by the updated certificate.
2. Payment Notification -- Informs the caretaker that a payment has been generated processed. The notification displays the amount over state rate, family monthly co-pay, amount recouped, and the amount being paid by the CCAP.
3. Closing -- informs the family they no longer meet the criteria for the CCAP.
4. Correspondence -- informs to the family when one of the other notices is not appropriate.
5. Denial -- This notice is sent when the eligibility worker is denying the case.
- ~~6. Notice of Non Payment -- This notice is sent when the CCAP's share of the payment is less than \$10 and a check will not be issued.~~
6. Pending -- This notice is to be used when an application is received which is incomplete.

Note: The Master Record is completed with a "P" for pending action code, and the notice is sent. Check the appropriate items that need to be completed before the application can be acted upon.

7. Overpayment Notice – informs the family of an overpayment.

8. Underpayment Notice – informs the family of an underpayment.

400-28-145

Additional reasons for closure have been added to policy. Added clarification in policy regarding closing a case closing when the case was not closed at the end of the month the certificate ended.

Case Closings 400-28-145

Cases must be closed when one or more of the following happens:

1. The caretaker(s) is no longer participating in an allowable activity
2. There is no eligible child in the child care unit who meets the eligibility criteria to be included on the certificate or payment
3. The caretaker does not return a completed SFN 841, Child Care Assistance Program Review, form by the end of the month in which the review is due
4. If the review form is received but
 - a. Is not submitted timely
 - b. Is incomplete and further eligibility cannot be determined
 - c. Indicates the family's income exceeds the upper income limit for the family size
 - d. The child(ren) for whom child care is being requested is determined not to have a need.
5. If the Co-pay exceeds the lower of the State Rate or the amount billed for all children whom assistance is being requested at the time:
 - When a review is completed
 - An individual is added to the case
 - An individual is removed from the case
 - A case is changed from Waived Co-pay to Co-pay

Exception: In an ongoing case, if the Co-pay exceeds the lower of the State Rate or amount billed for all child(ren) whom assistance is requested, the case remains open unless it is determined/anticipated that through the remainder of the certificate period, the Co-pay will exceed the amount billed

6. The caretaker moves out of state
7. The caretaker requests that the case be closed (request to close a case may be made verbally or in writing)
8. The mail is returned and there is no forwarding address or has a forwarding address of out of state
9. Mail is returned due to insufficient address
10. A valid certificate no longer exists but the case remains open. In this situation, the case must be closed the end of the month the certificate ended (this applies in cases that were not closed and should have been closed at the end of the month the certificate period ended). In these situations, the case must be closed backwards.
11. The caretaker fails to provide information that has been requested
12. There is no qualified provider for any child(ren) on the current certificate
13. Following the imposition of an Intentional Program Violation against a caretaker of the case causes the case to be income ineligible
14. Caretaker whose name the case is in enters a public institution
15. Factual information exists confirming the caretaker whose name the case is in is deceased
16. Loss of contact

A closing notice can be sent to close a case at the end of the current month up to the last working day of the month with the exception of:

- If a closing notice includes a time frame to allow a caretaker to provide information, the caretaker must be allowed the time frame given to provide the information. In these cases, the Child Care Assistance Program case closes on the last day of the month the time frame to provide information falls into.

The Eligibility Worker must inform the caretaker on the closing notice the date the case is closing.

If a notice is generated on a working day, the print date on the notice is the same day that the notice was generated. If the notice is generated on a non-working day (holiday or weekend), the print date is the following working day.

400-28-160-25

Added the following clarification:

- Defined that the meeting with the household to discuss the IPV must be held within two (2) weeks of establishing the suspected IPV
- Added that the preferred method for arranging the meeting is to send the household member a notice through the automated computer system
- Added policy should the notice of meeting be returned as undeliverable or with no forwarding address

Initiating Administrative Disqualification Hearing Process 400-28-160-25

The Administrative Disqualification Hearing process should be initiated in instances when there is sufficient documentary evidence to substantiate that an individual has committed one or more acts of IPV. The following procedures are recommended:

1. The county social service office shall complete the first portion of SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.

Indicate the household member against whom there is evidence of a violation. In most instances this will be the

household member who has completed the application, review or change report form, child care billing report form or any other appropriate materials used in the eligibility process containing the false information.

If there is more than one caretaker in the case, IPV can be pursued against one or both of the caretakers. A separate SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation must be completed for each caretaker for whom IPV is being pursued.

When completing the 'description of evidence' section of the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation form, be brief and to the point. Address the specific household member. Identify what the household member misrepresented, as well as when and how. Describe what is believed to be the true information and where the information came from.

Note: If more room is needed, use a second sheet.

2. The eligibility worker must attempt to hold a meeting with the household member to discuss the suspected IPV within two weeks of establishing the suspected IPV. ~~shall contact the individual and arrange an appointment to meet and discuss the issue.~~

Note: The preferred method for arranging the meeting is to send the household member a notice through the automated computer system.

- If the individual suspected of an Intentional Program Violation attends the meeting, the individual shall be given a copy of the DN 1087, Legal Service Organizations form. This serves to meet the federal requirement that individuals being considered for Administrative Disqualification be notified of the availability of free legal assistance.
 - If during the meeting it is determined there was no Intentional Program Violation, SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation is placed in the case file with a notation that it was not forwarded for further action along with a summary of the explanation as

provided by the individual. However, any overpayments must still be established and recovered.

- If during the meeting, the county believes the violation did occur and the individual has no satisfactory explanation, SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation is to be given to the individual, along with an explanation and the consequences relating to the signing of Part A or B of the Waiver of Hearing.
 - Waiver A - Allows an individual to admit to the facts and accept the disqualification period.
 - Waiver B – Allows an individual to accept the disqualification without admitting to the facts.

In order to waive their Administrative Disqualification Hearing, the individual must sign either part A or B of the waiver located on the SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program violation.

A signed waiver is a statement that the household has been informed a disqualification penalty will result.

The eligibility worker must explain that signing Part A or B of the Waiver of Hearing will result in specific program disqualification:

- 12 months for a 1st violation,
- 24 months for a 2nd violation, and
- Permanently for 3rd and any subsequent violation.

Continued eligibility for Child Care Assistance Program (CCAP) requires that at least one member of the household retains CCAP eligibility.

Only the individual(s) found to have committed the violation or who signed the waiver or the consent agreement in court cases, and not

the entire household, shall be disqualified. The disqualified individual's income and allowable deductions will continue to be used in determining eligibility and benefit amount.

- If during the meeting the individual suspected of an Intentional Program Violation signs the Waiver of Hearing:
 - Provide the individual a copy of SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation; and
 - Mail the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, detailing the violation to the Appeals Supervisor, North Dakota Department of Human Services, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250.
Note: If Part B is signed, a cover letter detailing why the individual signed Part B rather than Part A must also be sent to the Appeals Supervisor.
- If during the meeting, the individual suspected of an Intentional Program Violation refuses to sign the Waiver of Hearing:
 - Explain that a hearing will be held, usually by telephone, unless they request that a hearing officer be present as indicated on the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.
 - Give the individual a copy of the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.
 - Mail the original along with a letter detailing the violation, copies of relevant parts of the application, review, change report form, child care billing report form and other supporting documentation obtained, etc., to the Appeals Supervisor, North Dakota Department of Human Services, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250.

Note: It will not usually be necessary to copy the entire application or review as long as it is identified.

3. If the individual suspected of an Intentional Program Violation fails to respond within 10 days to a request for a meeting or agrees to a meeting but fails to appear for the meeting:

- Forward the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, along with a letter detailing the violation, to the Appeals Supervisor, North Dakota Department of Human Services, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250.

Prior to receipt of a disqualification decision, the household will continue to participate at the same benefit level as any other household while awaiting a disqualification decision. The overpayment continues to be collected at the rate of 10%. Full repayment of the overpayment does not stop the disqualification procedure from taking place.

4. If the notice is returned as undeliverable or with no forwarding address, the IPV shall not be forwarded to the Legal Advisory Unit for a hearing, as an IPV hearing cannot be scheduled by the Office of Administrative Hearings (OAH) if the notice cannot be mailed (and received) by the recipient.

- The IPV information shall be placed in the casefile until an address is known, at which time the Eligibility Worker can begin the proceedings.

400-28-165-10

Section has been updated reflecting the name change for SFN 29, from 'Crossroads Annual Application Form to 'Crossroads Program Application'

**SFN 29, Crossroads ~~Annual~~ Program Application Form
400-28-165-10**

SFN 29, Crossroads ~~Annual~~ Program Application ~~Form~~ is to be completed by an individual under age 21 choosing to apply for assistance under the Crossroads Program.

This form is presented in Adobe Acrobat and requires the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

400-28-165-15

A grammar clarification was made.

**SFN 113, Postsecondary Education Information
400-28-165-15**

SFN 113, Postsecondary Education Information form is to be completed by any adult household member who is attending postsecondary education. The form provides the eligibility worker with information regarding the individual's education history and anticipated course of study and/or degree to determine if they are in an allowable education/ or training.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.